

Manie's award winning cinematic journey



By Anit Mukerjee, Chennai. May 26:

Somewhat like the 'tide in the affairs of men' as Shakespeare would have believed, the young and debonair actor MANIE from the south film industry has made a major progress by winning two national awards and two state awards at a relatively tender age. Aside from being a gifted actor, he is a philanthropist, ambitious, successful, strapping, fashionable and humanist too. Manie's rare acumen as a master of multiple regional languages is another feather to his cap as a linguist. The actor's virtuoso talent scattered even further in showcasing his vocal potentialities in belting out a Bengali song before ace music director Bappi Lahiri in what may be deemed an exceptional assemble that did not go unnoticed by the INDIA BOOK OF RECORDS which presented him a certificate of honour, trophy and a

memento in 2015. His foray as the lead actor in the Bengali film NIRMOK - a purulia based love story directed by Mrinmay Saha saw him receive with pride the BENGAL EXCELLENCE AWARD in 2014 for his exceptional performance in the best international award winning film. This accomplished actor has other feathers to his achievement caps. Apart from being a National award winning actor Manie was also accorded the MAHARASHTRA GAURAV SAMMAN award in Mumbai in 2014. Manie has the rare honour to share equal space with cricketer Sachin Tendulkar when he received the exceptional honour of the NATIONAL EXCELLENCE AWARD in 2014. Sachin Tendulkar got the award for his lifetime contribution to Indian cricket while Manie received this National award for his significant contribution to Indian cinema.

Another turning point in superstar Manie's career graph was winning the prestigious PARAM SHREE media excellence award for his sizeable contribution to Indian cinema in New Delhi in 2016. Manie takes great pride in being the recipient of this rare honour. Manie's debut vehicle as a lead actor was the Kannada film DESIE which took the audience by storm by way of accolades to the actor's accomplished performance. Manie is inspired by the living legend Amitabh Bachchan. With so many awards, accolades and recognition to his acting accomplishments, Manie is all set to conquer the other Indian territories and globe. Manie will be next seen in an untitled action packed Tamil film directed by A Rajaraja and an untitled film directed by Agnibama Mukherjee and produced by Sanjeev Tiwari. **IMPHAL TIMES** wishes superstar Manie all the best for his successful future.

AMSU condemn granting of bail to drug lord; Question the sincerity of the Govt. and Judiciary

IT News Imphal, May 26:

The All Manipur Students' Union has vehemently condemned the release of drug lord Lhukhosei Zou on interim bail on May 20 and simultaneous transfer of NAB's Additional SP Thounaojam Brinda who is in charge of the case.

A press statement sign by Lhunpao Lupheng, Publicity Secretary of the AMSU said that the release of the drug lord seems to be

rather a preplan by taking advantage when the CSOs, students' bodies, and Meira paibi along with the people of the state are busy fighting the COVID-19 pandemic. The students' body said that the release of the drug lord smell red as the bail hearing was conducted three times during this month when the lockdown to contain the COVID-19 is enforced and released him on bail on medical ground. It said that Lhukhosei Zou had been released on bail

earlier and as he failed to appear at the court he had been announced, absconder. At such circumstances the AMSU said that they are not sure whether the court will continue the trial with sincerity.

On the other hand, Manipur Judicial Association had filed a complaint to the Cyber Crime Police in connection with a Facebook post which the Additional SP of NAB, Th. Brinda Devi uploaded, terming it as

derogatory. When the case is yet to complete the government to transfer her. This should not be done, the students' body observe.

The student's body further said that the granting of bail to drug lord Lhukhosei Zou and transfer of Additional SP Brinda smells not only corrupt practice by the judge by also indicated government's hand for the release of the drug lord. The AMSU also question of the judiciary can be played by the government at their will.

COVID-19: Maharashtra Government's jumbo plan to increase number of beds

By Raju Vernekar Mumbai, May 26:

In view of the ever increasing number of COVID-19 patients, the Mumbai Metropolitan Region Development Authority (MMRDA) has set up a 1000 bedded (200 ICU beds) field hospitals at Bandra-Kurla Complex (BKC) in North West Mumbai within 15 days.

Besides this, 600 bedded (125 ICU beds) Covid Care Centre will be operational at Mahalaxmi in South Mumbai soon. The patients with mild symptoms will be isolated in this centre. Also, a 535 bedded field hospital is almost ready at NSE in Goregaon in North Mumbai. These hospitals will have isolation, quarantine and

other facilities. The capacity of these centres at NSCI, Worli, Mahalaxmi Race Course, BKC and NSE, will be cumulatively 2475 beds by 31 May, 2020.

In addition, a field hospital with a capacity of 7000 beds will be set up in Mulund in North East Mumbai, to deal with a large number of patients, within next two weeks. In addition a centre to accommodate large number of home quarantine patients is being set up at Dahisar in North Mumbai. In these hospitals, each ward will have 100 beds (20 ICU) fitted with CCTV camera. The beds will be given a unique code and the data will be fed in real time dash board so that there will be computerized

control over the beds.

The capacity of beds in Mumbai is expected to be at least 14,000 beds, in coming days, taking into consideration the 80 per cent beds taken over by the state government to treat coronavirus patients.

To augment the strength of doctors, the Maharashtra Government has also called for a team of 50 doctors and 100 nurses from Kerala. Besides this team from Kerala, the doctors from other parts of Maharashtra have also been called in to Mumbai. They include: 45 doctors from Wardha and 50 doctors each from Latur and Ambejogai. Besides, 50 ayurvedic doctors and 250 private practitioner have also

agreed to work with state's team.

Elsewhere in Maharashtra, 91 hospitals and 439 other places including schools/hotels are equipped with 57,136 beds. This capacity will be augmented up to one lakh by 31 May, 2020, Health Minister Rajesh Tope said.

In Maharashtra, 70 laboratories, including 40 labs government labs, are functional. Government labs have capacity to test 8500 samples, while private labs can test 10,125 samples per day. Over 348932 samples have been tested so far in these laboratories, even as Maharashtra accounts for 30 per cent COVID-19 positive cases, in the country.

ANBA Churches Extends Monetary Aid

IT News Chandel, May 26:

As recognition and gratitude for bringing stranded people of Chandel from various parts of the country, churches under Anal Naga Baptist Association (ANBA) donated Rs. 50,000/- to 41-Chandel MLA and minister Letpao Haokip at his residence today.

Executive secretary of ANBA Reverend Hutun Wilson along with staffs met the minister at his residence in Chandel district and hand over the aid.

"We're mobilizing to ANBA pastors not to stigmatize the returnees but to pray with them and encourage them through phone calls" - Executive Secretary of ANBA Reverend Jiten Wilson said and added that ANBA would also be contributing relief package to few selected areas including western valley area, chakpi area and maha Area in the coming week.

BJP wants President's rule in Maharashtra Congress distances itself from "misgovernance" in dealing with COVID-19

IT News Mumbai, May 26

The simmering discontent between the ruling Shiv Sena led Maharashtra Government and Opposition BJP, came to the fore when former CM and BJP leader Narayan Rane called on Governor Bhagat Singh Koshyari and demanded imposition of a President's rule in view of the alleged failure of the Government to rein in COVID-19 moving at galloping speed in the state. In a memorandum to the

Governor, Rane claimed that the government led by Chief Minister Uddhav Thackeray, had failed to stop the spread of coronavirus epidemic. Last week former Maharashtra CM and leader of the Opposition Devendra Fadnavis and state BJP President Chandrakant Patil had also presented a petition to the Governor, pointing out shortcomings in the measures taken to stop the spread of coronavirus. Fadnavis was to address the media on late Tuesday evening about its stand.

In another development NCP chief Sharad Pawar held a meeting with the Governor on Monday morning. This was followed by one-and-a-half hours long meeting between him and Thackeray at latter's residence at Matoshri at Bandra in North West Mumbai, on Tuesday evening. Pawar had maintained that he met Koshyari on his invitation and no political issues came up for discussion. However, the timing of the meeting was significant as it took place against the backdrop of

strained relations between the Shiv Sena, which heads the Maharashtra Vikas Aghadi (MVA) government, and the Governor.

The NCP is one of the key constituents of MVA and Pawar was one of the key leaders from Maharashtra who had openly complained about Koshyari's "intervention" in the functioning of the state administration. It is abundantly clear that the relation between the Shiv Sena and the Governor have been strained in view of the recent developments. For

example the Governor had not approved the Maharashtra cabinet's decision to nominate Thackeray to one of the seats of the Maharashtra legislative council from "Governor's quota". Besides, he has opposed the idea of postponing college examinations on the ground that the recommendation by the state government violates UGC norms. Also, the governor has demanded a separate administrative machinery to look after Raj Bhavan, the official residence of the Governor.

Basically, all the matters related to Raj Bhavan are handled by the general administrative department coming directly under the chief minister.

In yet another development Maharashtra Navnirman Sena President Raj Thackeray on Tuesday wrote to the Governor stating that instead of holding the college examinations amid, spreading COVID-19, the performance of students be assessed based on their past performance.

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'For 2nd installment ex-gratia for NSAP pensioners released'

IT News Imphal, May 26:

Social Welfare Minister Nemcha Kipgen today announced that funds for 2nd installment of ex-gratia of Rs. 500 under Pradhan Mantri Garib Kalyan Yojana (PMGKY) have disbursed today for the beneficiaries of Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Indira Gandhi National Widow Pension

Scheme (IGNWPS) and Indira Gandhi National Disability Pension Scheme (IGNDPS) under National Social Assistance Programme (NSAP) as an assistance to the underprivileged in wake of the COVID-19 pandemic and the ongoing nationwide lockdown.

Minister Nemcha informed that a sum of Rs. 309.87 lakhs was received from the Ministry of Rural Development, Government



of India as 2nd installment of Central share for ex-

gratia payment of Rs. 500/- under Pradhan Mantri

Garib Kalyan Yojana. Out of the total amount received, Rs. 277.93 Lakhs are allotted for 55,585 beneficiaries of Indira Gandhi National Old Age Pension Scheme (IGNOAPS), Rs. 26.90 Lakhs are allotted for 5380 beneficiaries of Indira Gandhi National Widow Pension Scheme (IGNWPS) and Rs. 5.04 Lakhs are allotted for 1007 beneficiaries of Indira Gandhi National Disability

Pension Scheme (IGNDPS), she asserted. The above amount has been directly transferred to the beneficiaries account through DBT using PFMS to help them fight the battle against Corona virus.

Social Welfare Minister Nemcha Kipgen expressed profound gratitude to the Prime Minister of India, Narendra Modi for such initiative for the poor and needy during this pandemic.

★ **Editorial**

Embracing the new Normal

The biggest travesty of humans is arguably its delusions of invincibility. If anyone still has any lingering doubts about this unfortunate fact, one doesn't have to look no further than the public places across the country right now. Just a little over a month ago, the world withdrew into its shell as the Covid-19 pandemic started wreaking havoc and the most brilliant minds and all the technologies failed to bring out a definite cure. The much-talked about vaccine or cure is still eluding the scientists, researchers and laboratories. There has been growing instances of re-infection which poses a very grave risk in itself, and while even the most advanced and developed nations are grappling with the unfortunate fact of their helplessness against the ravages of a virus, our country has been fairly successful in containing the transmission of the disease to a manageable level as of now. Manipur has had it easy so far as only two infected persons have successfully been treated and cured, and no new case of infection of Covid-19 has been reported so far. And with the gradual lifting of the crippling lockdown imposed by the central government in the wake of the initial spread of Covid-19 a little over one and half months back, it is clearly evident that while we have started shedding the panic and fear we experienced at the outset, we have failed to learn our lessons, and that it is human nature to resist change if it is beyond our comfort zone. And despite the obvious fact that the new regulations regarding the social interactions, personal hygiene and resource utilization in the future, we still try and reclaim our old habits. We have failed to learn to embrace the new future in all aspects of our lives- social, personal, professional or financial. It would do well for the general public to be reminded about the Spanish Flu of 1918, considered the most severe pandemic in history which lasted for two years, in three waves with 500 million people infected and 50 million deaths. Most of the fatalities happened in the second and third waves. The people felt bad about the quarantine and social distancing measures imposed at that time and rejoiced when these restrictions were lifted after the first wave, and the rest is the unfortunate history we should not forget. It would be our greatest folly if we forget this present crisis also.

It would also be pertinent to mention, and perhaps, share the lessons learnt from 'Event 201' - a high-level simulation exercise conducted on October 18, 2019 for pandemic preparedness weeks before the Covid-19 outbreak in China, by the Bill & Melinda Gates Foundation along with John Hopkins Centre for Health Security and the World Economic Forum (WEF). The exercise revealed that governments, businesses and public health leaders were all woefully unprepared. Indeed, the new pandemic has revealed the need to devote resources for prevention of future pandemics as well as develop new models of implementation of shutdowns and other emergency measures that does not disrupt or excessively impact economies. Any and every policy should complement nature and not compete with it. Let us leave a better world than the one we inherit. We owe this to our children.

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BJP wants President's rule in Maharashtra

The similar recommendation has already been made to the UGC by Maharashtra Minister for Higher and Technical Education Uday Samant. However the Governor has opposed it. As if to make Thackeray's cup of woes full, Congress leader Rahul Gandhi on Tuesday shielded Congress from the spread of the virus in Maharashtra saying that Congress is not in a decision making role in Maharashtra. During a media interaction, he said that there is a difference between running the government and supporting the government. The Congress can be considered to be in a decision making role in states like Punjab and Rajasthan, but not in Maharashtra. However Gandhi's claim rings hollow considering Congress has several important ministries in Maharashtra including

Education, energy, public works, revenue etc. For Gandhi to say that Congress is not a key decision maker in Maharashtra is a shoddy attempt of shielding his party from partaking in the misgovernance that has marred the state during the pandemic. Three days back former CM and senior Congress leader Prithviraj Chavan, had also remarked that the Maharashtra government is not run by the Maha Vikas Aghadi but it is run only by the Shiv Sena. It is apparent that the Congress party, headed by Sonia and Rahul Gandhi are all set to pin the blame of the COVID-19 mess in Maharashtra squarely on Thackeray, who had compromised not only politically but also ideologically for the Chief Minister's chair while forming an alliance with Congress and NCP.

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Know our health care system and it's shortcomings

By - Marina Seyie

The health care system in India is primarily administered by states. Healthcare system comprises of hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism and health insurance. The states are responsible for organizing and delivering health services to their residents. The central government is responsible for international health treaties, medical education, prevention of food adulteration, quality control in drug manufacturing, national disease control and family planning programs. India's Constitution tasks each state with providing health care for its people. Healthcare is the right of every individual but lack of quality infrastructure, dearth of qualified medical functionaries and non-access to basic medicines and medical facilities thwarts its reach to 60% of population in India. India's GDP for health is less than 1.5 per cent and is one of the lowest in the world. India ranks 145th among 195 countries in terms of both, quality and accessibility of healthcare. The Government of India is planning to increase public health spending to three percent of the country's GDP by 2025. We consider 70% of India lives in rural areas, average number of doctors per thousands in India becomes 1:9,200. Presently, 31.7% villages still don't have primary healthcare centres in India. While about 70 percent of India's population lives in rural areas, only 20 percent of hospital beds are located in rural areas. Many primary healthcare clinics in rural areas are devoid of electronic systems to maintain patient records. Lack of quality infrastructure, shortage of qualified medical practitioners and non-access to basic medicines and medical facilities thwart its reach to more than 60 % of population in India. A paradigm shift from provision of essential to quality health care at the primary care level is on the anvil. Subcentres are being transformed into Health and Wellness centers (H&WC) which is expected to improve utilization of public-sector primary care services and improve the health of communities served. There is general reluctance among the health workers to be located in the interior rural areas and when appointed in these areas, they choose to remain absent for longer duration from their duties. It is also well known that many doctors are not willing to work in the rural areas due to lack of facilities, even if they are paid high salaries. Private administration playing a substantial role in Indian health sector, According to National Family Health Survey, the private health sector remains the primary source of health care for 70% households in urban areas and 63% households in rural areas. Due to rapid urbanization of cities post liberalization and globalization, about 75% of the infrastructure and resources investments were allocated in urban areas. India has a mixed health care system inclusive of public and private health care service providers. However, most of the private health care providers are concentrated in urban India, providing secondary and tertiary health care services. India has roughly 20 health workers per 10,000

population, with allopathic doctors comprising 31% of the workforce, nurses and midwives 30%, pharmacists 11%, AYUSH practitioners 9%, and others 19%. The ultimate goal of the central government should be to achieve Universal Healthcare Coverage (UHC). For this, government need to cut down the out of pocket expenditure of hospitals as well as of outpatient departments (OPD). Ayushman Bharat-National Health Protection Mission as a centrally Sponsored Scheme contributed by both center and state government at a ratio of 60:40 for all States, 90:10 for hilly North Eastern States improving coverage of immunisation in the country. The Ayushman Bharat scheme has allocated 12 billion in the Union Budget in 2018 for upgradation of subcentres into H&WCs. These wellness centers will provide comprehensive healthcare for the management of noncommunicable diseases with lifestyle modifications, maternal and child care, adolescent health, nutritional and health education, promotion of menstrual hygiene, and free essential drugs and diagnostic services. Basic dental, ENT and ophthalmology services will also be provided at these centers. The integration of Ayurveda and Yoga will further promote a holistic approach toward the health of the community. All India Institutes presently functional are AIIMS New Delhi, Bhopal, Bhubaneswar, Jodhpur, Raipur, Patna and Rishiksh. Established new All India Institute of Medical Sciences (AIIMS) to provide health insurance worth Rs 500,000 (US\$ 7,124.54) to over 100 million families every year. All India Institutes of Medical Sciences is owned and controlled by the central government. These are referral hospitals with specialized facilities. The private sector is the dominant player in the healthcare sector in India. Almost 75% of healthcare expenditure comes from the pockets of households, and catastrophic healthcare cost is an important cause of impoverishment. There is a renewed governmental focus on hygiene sanitation (Swachh Bharat Abhiyan), housing (Pradhan Mantri Awas Yojana), clean indoor air by provision of clean fuels (Ujjwala Yojana providing free liquefied petroleum gas connections to below poverty line families), and expansion of immunization service and coverage (Mission Indradhanush Kavach). All these initiatives that influence the health of the poor, vulnerable, and underserved population have achieved excellent success in their respective domains. We all are very well aware that the healthcare infrastructure as well as achievements in health of the country is not satisfactory. **The healthcare system in India is functioning on the basis of model mentioned below:-**

1. Sub centres - A Sub Centre is designed to serve extremely rural areas with the expenses fully covered by the national government. Mandates require health staff to be at least two workers (male and female) to serve a population of 5000 people (or 3000 in a remote, dangerous location). Sub Centres also work to educate rural people about healthy habits for a more long-term impact.
2. PHC - Primary Health Centres exist in more developed rural areas of 30,000 or more (20,000 in remote areas) and serve as larger health clinics staffed with doctors and paramedics. Patients can be referred from local sub centres to PHCs for more complex cases. A major difference from Sub Centres is that state governments fund PHCs, not the national government. PHCs also function to improve health education with a larger emphasis on preventative measures.
3. A Community Health Centre is also funded by state governments and accepts patients referred from Primary Health Centres. It serves 120,000 people in urban areas or 80,000 people in remote areas. Patients from these agencies can be transferred to general hospitals for further treatments. Thus, CHC's are also first referral units, or FRUs, which are required to have obstetric care, newborn/childcare, and blood storage capacities at all hours everyday of the week.
4. District Hospitals are the final referral centres for the primary and secondary levels of the public health system. It is expected that at least one hospital is in each district of India.
5. Government Medical Colleges are owned and controlled by the respective state governments and also function as referral hospitals.

- Challenges for health care system which need to be mitigated are:-**
1. Low quality care is prevalent due to incorrect diagnosis, under trained health professionals and the prescription of incorrect medicines.
 2. India's public healthcare system pays salaries during absences, leading to excessive personal days being paid for by the government.
 3. Clinics are overcrowded and understaffed without enough beds to support their patients.
 4. Primary health centers (PHCs) lack basic infrastructural facilities such as beds, wards, toilets, drinking water facility, clean labor rooms for delivery, and regular electricity. Twenty-seven percentage of doctor posts at PHCs are vacant.
 5. Overcrowding also increases the likelihood of diseases spreading, particularly in urban crowded areas of cities.
 6. Improper sanitation and waste disposal even within clinics, can lead to an increased incidence of infectious diseases.
 7. Public health services have low cost or work at free of cost. Since the government provides these services, they don't charge any extra money to serve the patients.
 8. Governmental failure to initiate and foster effective partnerships between the public and private healthcare spheres results in financial constraints.
 9. Both social and financial inequality results in barriers of access to healthcare services in India.
 10. Services aren't accessible for the disabled, mentally challenged, and elderly populations.
 11. Mothers are disadvantaged and in many rural areas there is a lack of abortion services and contraception methods.
 12. Public clinics often have a shortage of the appropriate medicines or may supply them at excessively high prices, resulting in large out of pocket costs.
 13. Lack of awareness on facilities provided under various government schemes.
 14. Barriers to access in the financial, organizational, social, and cultural domains can limit the utilization of services.
 15. Escalating prices of essential medicines.
- Best ways to improve health care system:-**
1. A well functioning healthcare system requires a steady financing mechanism, a properly trained and adequately paid workforce.
 2. Well maintained facilities, access to reliable information and no waiting lists.
 3. Compulsory health insurance for all persons.
 4. Combines private, subsidized private and public healthcare systems to provide its citizens with a large network of qualified doctors, best-equipped medical facilities and hospitals.
 5. Funding comes from two sources: financing based on taxes that is used to provide primary healthcare services and National Health Insurance (NHI), which is financed with compulsory fees.
 6. NHI must fund private healthcare, occupational healthcare and outpatient care.
 7. A simple computer-aided symptom based diagnostic application is needed to improve the delivery of health services in rural areas, to guide the paramedic/nurse in handling common ailments directly by administering simple remedies; and only refer to secondary care for the more complex problems.
 8. Using the interactive voice response (IVR) technology, the existing hospital phones can be configured to act as automated telephone answering machines, which give instructions to the patients to book appointments and provide guidelines.
 9. Assure an adequate local public health care infrastructure.
 10. Promote healthy Communities and healthy behavior and prevent the Spread of communicable Disease.
 11. Protect Against environmental health hazards.
 12. Prepare and respond to emergencies.
 13. Use Mobile Clinics to go to the patient. Mobile clinics include clinics that provide primary care services, preventive care services or dental care services from a van, truck, or bus equipped with all of the necessary technology to provide clinical services in underserved areas both rural and urban.
 14. Establishing Student Run Clinics. Student run clinics affiliated with medical college are also taking medical care where it is needed. They not only give medical students experience in providing preventive care to vulnerable populations but they are often located in extremely impoverished areas, which provides those individuals with free and easily accessible care.
 15. There is an urgent need to invest in building healthcare infrastructure including modern amenities.