



TCIEXPRESS

LEADER IN EXPRESS

July 11, 2022

Listing Department

The National Stock Exchange of India Ltd.,
“Exchange Plaza”,
Bandra Kurla Complex, Bandra (East),
Mumbai – 400051

Scrip Symbol: TCIEXP

Listing Department

BSE Ltd.,
Phiroz Jeejeebhoy Towers,
Dalal Street
Mumbai – 400001

Scrip Code: 540212

Sub: Newspaper Cutting- Intimation to Shareholders w.r.t. 14th Annual General Meeting

Dear Sir/Madam,

In terms of Regulation 30 read with Schedule III Para A of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, as amended, and in compliance with the General Circulars dated 8th April 2020, 13th April 2020, 5th May 2020, 28th September 2020, 31st December 2020, 13th January 2021 and 14th December 2021 issued by the Ministry of Corporate Affairs and Circular No. SEBI/HO/CFD/CMD1/CIR/P/2020/79 dated 12th May 2020, 15th January 2021 and 5th May 2022 issued by the Securities and Exchange Board of India, we are forwarding herewith copies of newspaper cuttings of the above notice as published in the following newspapers:

Name	Date of publishing
Business Line (English)	July 11, 2022
Nav Telangana (Regional Language)	July 11, 2022

Thanking you,

For TCI Express Limited

PRIYANKA

Company Secretary & Compliance Officer

Encl: as above

Rural India is struggling with shortage of doctors, paramedical staff

Delayed allocation of funds, inadequate health infrastructure, lack of incentives and other issues need to be addressed

LONI DAS
PARVATHI BENU

More than two-thirds of Indians live in villages, but the healthcare facilities in these areas are yet to show the progress seen in urban areas. The chances of you going to a rural health facility without a doctor or a health professional is still very high in the country.

An analysis of the data available with the Ministry of Health and Family Welfare tells us that things are way worse than they used to be 17 years ago, in 2005.

Picture this. In 2005, 17.49 per cent of the primary health centres (PHCs) and sub-centres (SC) functioned without doctors, but the proportion of such centres is as

high as 21.83 per cent in 2021, according to rural health statistics. While less than half the Community Health Centres (CHCs) had specialist doctors in 2005, the vacancy was a whopping 67.96 per cent in 2021.

A sub-centre is the first contact point between the people and the health-care system, while a PHC acts as a referral unit for six SCs and is to be manned by a medical officer supported by paramedical staff. A CHC is a referral centre for 4 PHCs and must be manned by at least four medical specialists.

When it comes to female health workers or Auxiliary



The government should create a framework for the right staffing, duration, and incentives and career paths for doctors to work in a rural health centre

Nursing Midwives (ANMs), the number of primary health centres and sub-centres devoid of them has jumped from 4.75 per cent in 2005 to 27.16 per cent in 2021, when the pandemic was raging. It is also shocking to note that all the community health centres in Sikkim and 95 per cent in Madhya Pradesh do not have a specialist.

As many as 43.2 per cent of the primary health centres in Chhattisgarh and 37.7 per cent in West Bengal do not have a doctor. And in Bihar, 72.12 per cent of SCs do not have a female health worker who is supposed to manage them.

Tales of empty hospitals

Why are so many health facilities in the country functioning without enough workforce? Virologist Gagandeep

Kang, a professor at Christian Medical College, Vellore, thinks that the lack of incentives may be prompting doctors to not work in rural health facilities. "Someone with an MBBS degree may not necessarily want to work in PHCs until they are sure of their post-graduate seat," she says.

She also says that doctors prefer to prepare for their post-graduate entrance exams.

"Doctors are all busy studying for PG exams. They are perfectly willing to resign their job. Until they have all their degrees under their belt, they barely learn to work," she adds.

Weighing in on this, Anjela Taneja, Lead Campaigner at Oxfam, says, "A lot of it is deliberate neglect. India's

health-care system is chronically under-resourced. This poor spending is reflected in inadequate health resources and infrastructure, be it the presence of human resource, the establishment of centres or upgrading of facilities."

"Delayed allocation of funds, staff shortages (and delay in payment of staff) are some of the key issues highlighted by the recent independent evaluation of Ayushman Bharat HWCs by the Health Ministry," Taneja adds.

Coming down on the shortage of medical staff, K R Antony, former Director, State Health Resource Centre, Chhattisgarh, says, "Don't construct rural hospitals for the sake of it. The point is that there should be staff available with anaesthetic and reduce stress on district hospitals."

States that do not have a specialist in more than 65 per cent of the CHCs

	Proportion of CHCs without a specialist doctor
Sikkim	100.0
Madhya Pradesh	95.4
Bihar	87.3
Chhattisgarh	82.8
West Bengal	79.6

PHC: primary health centre CHC: community health centre Source: MoHFW, BL Analysis

A lot of States still do not have doctors in PHCs

	Proportion of PHC without a doctor
Chhattisgarh	43.0
West Bengal	37.7
Punjab	34.3
Bihar	32.8
Madhya Pradesh	30.7

In some States, most PHCs do not have a nursing midwife

	Proportion of PHCs without an ANM
Bihar	72.1
Himachal Pradesh	48.0
Punjab	44.4
Uttar Pradesh	33.8
Jharkhand	32.0

No water, power
While at one end, we have positions for health staff lying vacant, at the other, many health facilities are functioning without water or electricity.

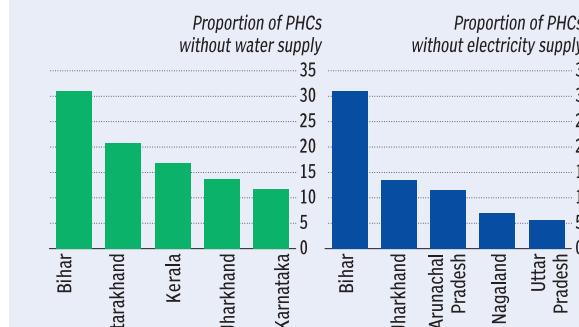
In Bihar, 31 per cent of the primary health centres have neither water nor electricity. Twenty per cent of PHCs in Uttarakhand and 16 per cent in Kerala have no regular water supply.

And this state of affairs unsurprisingly comes with a set of repercussions. "Neonatal mortality is three times in the poorest wealth quintile, highlighting inequalities experienced even by the young child."

"The lives of India's poorest households are on average 7.6 years shorter than that of its richest 20 per cent households," Taneja says.

Also emphasising that more than half of the health expenditure is out of people's pockets, Kang says, "A PHC is not intended for major sur-

Still, a lot of health centres function without proper water or power supply



geries or hospitalisation. It's meant for everyday service. It's closer to where people live and they're supposed to get those services there. Now, if that was the case and if the PHCs were functional why would our out-of-pocket expenditure be so high and stay that high?"

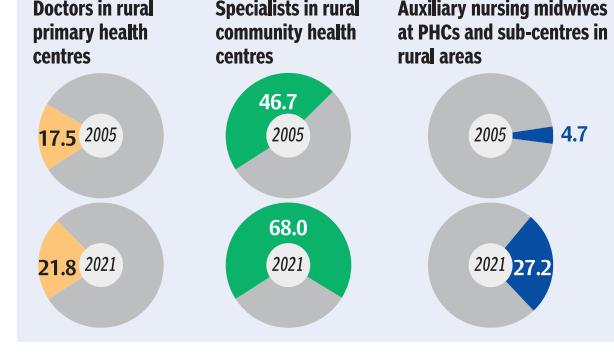
Going forward
Looking at what the government could do differently,

Kang says, "The government should create a framework for the right staffing, duration and think about the incentives and career paths of doctors and all levels of staff to work in a rural health centre. They could say that if you give 5 years of service in a rural area, we will give you a guaranteed PG seat in any State you want."

(Loni Das is an intern with BusinessLine)

India still grapples with a shortage of medical staff

Category of medical staff



Cross-media ownership: Newspapers' body flags TRAI's proposed regulation

OUR BUREAU

Mumbai, July 10

The Indian Newspaper Society (INS) has told TRAI that there should not be any restrictions on cross-media media holdings between newspapers and their digital entities.

"With newspapers already on the decline globally, and facing stiff challenges from online media, further restrictions on cross-media holdings across media sectors will make it impossible for print media to survive," the INS said in a communication to TRAI in response to a consultation paper issued by the regulator.

Stiff competition

"Globally, print media is on the verge of a shutdown and facing stiff competition from unregulated BigTech. The American and other Western newspaper markets have suffered significant reversals in readership and revenue and hence journalism is suffering from cost-cutting measures, reduced consumption, declining resources and its accompanying challenges."

"The print sector is forced to move into the digital media because the consumer is spending more time on these



The INS said that TRAI does not even have the jurisdiction to issue the consultation paper with respect to cross-ownership in print media

platforms and therefore advertising revenues are moving to these platforms as well," the INS said.

Purpose of overseeing

In the consultation paper, TRAI asked what all genres should be considered for the purpose of overseeing media ownership to ensure viewpoint plurality.

The INS said that there is a basic fallacy in TRAI's position. "It seems to be leading with the premise that ownership of multiple media platforms by the same entity challenges plurality. This premise is completely wrong because we reiterate that

plurality in media ownership is not a requirement to ensure plurality in views. Different media products owned by the same media entity are structured under different companies, run by entirely separate management and editorial teams, are designed to focus on their own differentiated target audiences and are hence usually entirely different in viewpoints from each other.

"Hence, the same media entity with different newspapers or TV channels, for instance, would perform have different content strategies for each of them to ensure each caters to a different target audience," INS said.

While TRAI issued the discussion paper after receiving a reference from the Ministry of Information & Broadcasting, the INS said the regulator does not have the jurisdiction to issue the consultation paper with respect to cross-ownership in print media.

platforms and therefore advertising revenues are moving to these platforms as well," the INS said.

The Members participating through VC/ OAVM shall be counted for reckoning the quorum under Section 103 of the Act.

In compliance of above said circulars, the Annual Report including the financial statements for the financial year 2021-22 along with Notice of the 14th AGM of TCI Express Limited ('Company') will be held on Wednesday, August 03, 2022 at 10:30 A.M., through Video Conferencing ('VC') / Other Audio Visual Means ('OAVM'), in compliance of circulars no. 2/2022 and 21/2021, 14/2020, 17/2020, 20/2020, 02/2021, issued by the Ministry of Corporate Affairs ('MCA') read with the circular no. SEBI/HO/CFD/CMD2/CIR/P/2021/11 and SEBI/ HO/CFD/CMD2/CIR/P/2022/62, issued by the Securities and Exchange Board of India ('SEBI'), and the Companies Act, 2013, SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ('Listing Regulations'), to transact the business that will be set forth in the Notice of the 14th AGM. The Company has engaged services of National Securities Depository Limited (NSDL) for facilitating AGM through VC/OAVM means and e-voting. The Members participating through VC/ OAVM shall be counted for reckoning the quorum under Section 103 of the Act.

The notice is hereby given that Fourteenth Annual General Meeting ('AGM') of TCI Express Limited ('Company') will be held on Wednesday, August 03, 2022 at 10:30 A.M., through Video Conferencing ('VC') / Other Audio Visual Means ('OAVM'), in compliance of circulars no. 2/2022 and 21/2021, 14/2020, 17/2020, 20/2020, 02/2021, issued by the Ministry of Corporate Affairs ('MCA') read with the circular no. SEBI/HO/CFD/CMD2/CIR/P/2021/11 and SEBI/ HO/CFD/CMD2/CIR/P/2022/62, issued by the Securities and Exchange Board of India ('SEBI'), and the Companies Act, 2013, SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ('Listing Regulations'), to transact the business that will be set forth in the Notice of the 14th AGM. The Company has engaged services of National Securities Depository Limited (NSDL) for facilitating AGM through VC/OAVM means and e-voting. The Members participating through VC/ OAVM shall be counted for reckoning the quorum under Section 103 of the Act.

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