

States scramble for Covid vaccine for ages 18 to 44

Analysts say UP and Maharashtra likely to bear maximum cost of vaccination

SOHINI DAS & VINAY UMARJI
Mumbai/Ahmedabad, 6 June

As Covid-19 vaccination picks up in the 18-44 age group states are scrambling to procure doses, with analysts predicting that the likes of Uttar Pradesh and Maharashtra would bear the maximum costs on account of their demographics.

Maharashtra managed to procure only 2.5 million vaccine doses in May for this population segment — which is estimated to be 55 million in the state.

“This is according to the allotment done by the Centre. The Centre decides how much each state can buy, and this is also linked to vaccine production,” a senior state government official said.

Meanwhile, the Mumbai civic body has called off the global tender for 10 million doses that it had floated to procure vaccines directly. It received some bids (mostly for Sputnik V) where the bidders were unable to establish any direct connection with the manufacturers. The bids were thus cancelled, and the tender was called off, ending the Brihanmumbai Municipal Corporation’s dreams of procuring vaccines through this route.

According to sources in companies, vaccine makers get regular queries from state governments but the distribution is done according to a quota decided by the Centre.

On their part, some of the states have questioned the vaccine dosage allotted by the Centre for the 18-44 age group. According to state family health and welfare director Laxman Singh Ola, Rajasthan has not yet received any doses this month nor is it likely to receive any till June 9.

“There needs to be a more



DEMOGRAPHICALLY SPEAKING

(Population distribution percentage of select states)

State	0-17 yrs	18-44	45+	% population*
UP	37.9	41.6	20.6	79.4
Maharashtra	27.9	44.1	28.1	71.9
Gujarat	31.2	42.9	26	74.0
Karnataka	28.1	43.6	28.3	71.7
WB	27.3	43.7	29	71.0
MP	36.3	41.2	22.5	77.5
Kerala	25.8	38.2	36	64.0

*excluding those with vaccination coverage from Centre
Source: Census projections 2021, Emkay Research estimates

Categories	Total doses
People aged above 45	161.7 mn
Healthcare workers	16.8 mn
Frontline workers	24.8 mn
People aged 18-44	27.9 mn
Total	231.2 mn

Source: Ministry of Health and Family Welfare, as of June 6

equitable distribution of vaccines among the states. Right now some states are at a disadvantage. Rajasthan has proved its capability to vaccinate 600,000-700,000 people a day.

The states will have to bear the fiscal burden for the 18-44 population, so they should have a say in the allotment,” said Ola. Rajasthan has placed an order of 35 million doses, of which it has so far received only 1.8 million, according to state government sources.

Others like Gujarat have been better placed. “The Centre has been liberal in its allocation. We have placed an order of 30 million doses. We have started vaccinating the 18-44 demographic across all districts and there has been good response from the young population,” said Gujarat’s

National Health Mission director M A Pandya.

On the other hand, the procuring company for the state, Gujarat Medical Services Corporation Ltd (GMSCL), has enough resources to buy the vaccine.

“Our task is to buy the vaccines for Gujarat and we are doing it based on the Centre’s allocation. We have some operating funds and have also taken additional approvals. We have enough budgetary resources,” said Prabhav Joshi, Managing director of GMSCL, without divulging fiscal details.

According to state government sources, Gujarat has allocated over ₹3,200 crore for Covid-19 vaccines.

Analysts point out that states such as Maharashtra and Uttar Pradesh are likely to bear the maximum costs. An analyst at Emkay Research said, “Our costing structure assumes that the Centre takes the vaccination load of 70 per cent of the population above 45 years and the private sector takes the rest 30 per cent largely because the Centre is getting 50 per cent of the total vaccines produced in India.”

The Centre bears no financial burden for the 18-44 age bracket, while states take the lead by covering roughly 60 per cent of the population and the private sector the rest of it, the analyst added.

“Our cross-state assessment of vaccination cost shows that UP and Maharashtra are likely to bear the maximum expenses. While seen from the lens of each state’s gross output or gross domestic product, states like UP, Madhya Pradesh and Chhattisgarh lead the pack,” the analyst said.

The vaccination cost depends on the population being skewed towards the sub-45 age group.

Rural health infra needs booster dose

The second wave of the pandemic ravaging the villages of India has laid bare the severe shortcomings in the country’s rural healthcare infrastructure.

Health in rural India is a three-tiered system, with sub-centres (SC) as the most peripheral and the first points of contact. After those come the primary health centres (PHC) and then the community health centres (CHC), maintained by state governments. Each of these are covering more population than they are intended for.

While there has been an increase in the facilities compared to 2005, according to the health ministry data, the shortage in many states means that the resources are overstretched and inaccessible. The government report on rural health infrastructure 2019-20 highlighted that a significant percentage of posts are vacant at all levels. Around 24 per cent of the sanctioned posts for doctors were vacant in 2020. As on March 31, 2020, the overall shortfall in the posts of auxiliary nurse and midwives (ANM) is two per cent of the total requirement according to the norm of ANM per sub-centre and PHC. The picture, however, differs across regions with several states, including some Northeastern and southern states, showing surplus capacity, while states such as Bihar, Uttar Pradesh and Jharkhand fall short.

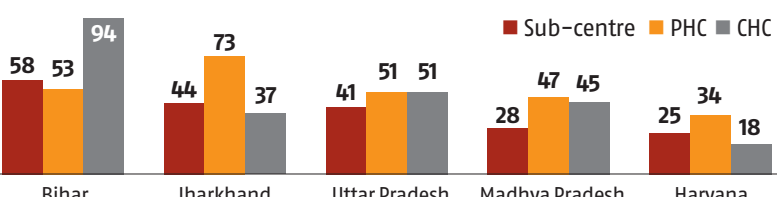
— Compiled by RUCHIKA CHITRAVANSHI



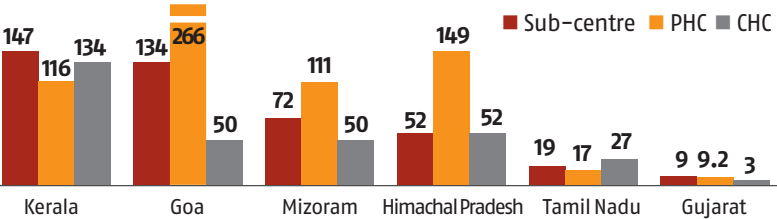
RURAL ROUND-UP

	Current	Required	Shortage*
Sub-centres	155,404	191,461	24%
Primary health centres	24,918	31,337	29%
Community health centres	5,183	7,820	38%

SHORTAGE DISMAL IN SOME STATES



SOME HAVE SURPLUS CAPACITY ON ALL THREE COUNTS



BASIC FACILITIES LACKING IN EXISTING HEALTH CARE CENTRES

State of PHCs	Only 52% have telephone	Only 65% have computer	6.9% have no regular water supply	4.3% have no electricity	7.8% without all-weather motorable roads
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Data as on March 31, 2020; *All-India shortfall is derived by adding state-wise figures of shortfall ignoring the existing surplus in some of the states; Source: Health Ministry

‘Third Eye’ for phone zombies

REUTERS
6 June

A South Korean industrial designer has come up with a satirical solution for “smart-phone zombies” who can’t take their eyes away from their screen long enough to stop themselves walking into a wall or other obstacle.

Paeng Min-wook, 28, has developed a robotic eyeball he has dubbed “The Third Eye”, which obsessive mobile phone users can strap to their foreheads so they can browse

injury-free on the go.

The device opens its translucent eyelid whenever it senses the user’s head has been lowered to look at a smart-phone. When the user comes within one to two metres of an obstacle, the device beeps to warn of the impending danger.

“This is the look of future mankind with three eyes,” Paeng, a postgraduate in innovation design engineering at the Royal College of Art and Imperial College London, told Reuters as he demonstrated use of The Third Eye around Seoul.

Pandemic has India’s young anxious, turning to therapy

Faced with a torrent of guilt, fear, worry, more youngsters are seeking help

SWAPNIL JOGLEKAR
New Delhi, 6 June

“The nights are the worst,” says Aanya Wig, a final year student at Lady Shri Ram College, New Delhi. “At times, I have called 50 hospitals in 10 minutes but I couldn’t find a single bed.” Wig is part of an online community of youngsters that is trying to get people Covid-related help, from hospital beds to oxygen cylinders. She says she has no time to step back and process the deaths she experiences almost every day. “It’s always those who you aren’t able to help that stay with you,” she says.

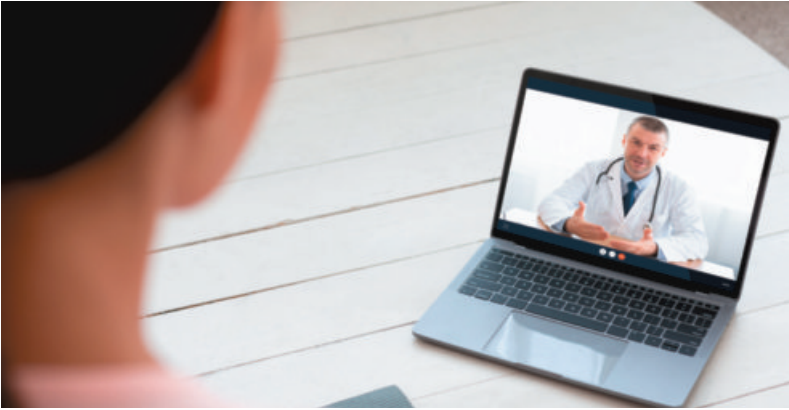
Ronit Sadhukhan agrees. Living in West Bengal’s Hooghly district, Sadhukhan says he’s glad he’s seeing a therapist since January. “When I started calling hospitals to help people find beds, I couldn’t sleep for the first week. I would hear voices. I still have (those) dreams.” If not for the pandemic, the 25-year-old visual effects artist would have been out observing how clouds move and waves rise, to create computer simulations “as close to reality as possible”. Instead, working on his job for nine hours each day, he was left wondering whether he could have done anything more to help people, a thought echoed by many others.

Last in line for getting a vaccine and with schools and colleges shut, India’s young adults (aged 15 to 25) are forced to make many sacrifices to protect those around them. Covid-19 has served them a cocktail of guilt, fear and anxiety, and the mix is getting really bad. Some are spending over 16 hours each day helping strangers find hospital beds, while others are fearing another washed-out year marked with online learning. Some have had to come to terms with the loss of a loved one, or a relationship.

Their lives halted, many more youngsters are now seeing a therapist.

“More than half of young adults I saw since the pandemic are seeking help for the first time,” says K John Vijay Sagar, professor and head, department of child and adolescent psychiatry at Nimhans (National Institute of Mental Health and Neuro-Sciences), Bengaluru.

When Covid cases rose last year, the psychiatry department of Nimhans was partially converted into a Covid care centre. More adolescents, showing signs of severe depression and anxiety, then started visiting its emergency services department. In the one year since April 2020, Sagar’s dep-



artment has held 3,094 teleconsultations and provided e-prescriptions over WhatsApp to those requiring medicine.

Many of Gyanendra Jha’s middle-aged patients succumbed to the virus in the second wave. Now their adolescent children are undergoing therapy with him. “When you see such loss in your family and that’s reflected all around, maladaptive coping mechanisms like eating disorders and substance abuse may ensue, and so may anxiety. That’s what we are seeing these days,” says the psychiatrist from Jabalpur, Madhya Pradesh.

A lot of young people are also feeling lonely in their homes and are concerned over privacy, spending time with friends and maintaining relationships, says Mumbai-based clinical psychologist Sonali Gupta. One of them mentioned “how they missed so many of their important milestones — like the first day of college, the college festival, canteen food and even access to a good library.”

Even social media, which was a wonderland for many, turned into a gruesome reflection of reality. SOS requests and obituaries deluged everyone’s timelines. Shachi Mathur, head counsellor at Indian

Institute of Technology-Delhi, says she advises students “to take time off when needed... being assured that disconnect does not equate to ignorance”. Indian Institute of Management Ahmedabad also organises counselling sessions over the web or telephone, and shares digital content on emotional wellness with students. This assumes significance as those aged 15-29 years are at the highest risk of dying from suicide in India, according to a study published in the *Lancet*.

However, for the marginalised, if accessing mental health resources was hard before Covid struck, now it has only got harder.

Many young, financially-dependent queer and transpeople have had to return to live with their parents, where they are facing conversion attempts through pressure for getting married, says Pooja Nair from Queer Affirmative Counseling Practice by Mariwala Health Initiative, Mumbai. While on a session with her, “if they cut the call, I don’t call back as they may have done so out of concern for their safety. We also discuss whether I should identify myself as their friend if someone else answers the call,” she says.

It’s tough for families with a child with special needs, too. Already feeling marginalised from the community, they banked on schools, special needs departments and therapy. For many that’s been taken away. Youngsters with special needs are also unsure about the medical services available to them, and say they have no clue how they will get jabbed as most vaccination centres are inaccessible.

Child and adolescent psychiatrist Amit Sen says we need to understand the young. “Confronted with acute trauma, the immediate effect is you either go into paralysing inaction or become extremely restless,” says the co-founder of Delhi-based Children First. “The problem is not with youngsters, it’s what’s around them. In fact, this is just the response”.

Mental health practitioners say it is time to decouple therapy from being in a crisis or extraordinary mental pain. Says Chennai-based psychotherapist Nishi Ravi: “Therapy can be a profound healing process to understand yourself better, gain an external and unbiased perspective, reflect and grow, or just a space where you can feel unconditionally valued without needing to earn it. There’s never a bad time to seek help.”

**G-RIDE**
A JV of Govt. of Gujarat & Ministry of Railways

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EXPRESSION OF INTEREST

FOR ENVIRONMENT AND SOCIAL IMPACT ASSESSMENT STUDY FOR
AHMEDABAD RAJKOT SEMI HIGH SPEED RAIL SYSTEM (225 Kms)

Gujarat Rail Infrastructure Development Corporation (G-RIDE), invites
Expression of Interest seeking interest from consultants with proven
experience in Environment and Social Impact Assessment Study for
various projects funded by multilateral financing agencies (World Bank,
Asian Development Bank, etc.) in India.

Last Date of Submission - 6th July, 2021

For further details, please visit www.gride.org.in Sd/-
Gandhinagar, Date : 7th June 2021 Director (Project & Planning)

EIH Associated Hotels Limited
A MEMBER OF THE OBEROI GROUP

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CIN: L92490TN1983PLC009903

ANNUAL GENERAL MEETING

Notice is hereby given that :

(a) The 38th Annual General Meeting (‘AGM’) of EIH Associated Hotels Limited (‘the Company’) is scheduled to be held on Tuesday, 27th July 2021 at 4.30 p.m. IST through Video Conferencing (‘VC’)/ Other Audio Visual Means (‘OAVM’) facility to transact the businesses as set forth in the notice of AGM.

(b) In view of the outbreak of the COVID-19 pandemic and restrictions imposed on the movement of people, the Ministry of Corporate Affairs has vide its circulars dated 08th April 2020, 13th April 2020, 21st April 2020,05th May 2020, 15th June 2020 and 13th January 2021 (‘Circulars’) permitted the holding of the AGM through VC/OAVM at a common venue without the physical presence of the Members. In compliance with the provisions of the Companies Act, 2013 (‘Act’), SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 (‘Listing Regulations’) and the circulars, the 38th AGM of the Company is being held through VC/OAVM.The Members can attend and participate at the 38th AGM through VC/OAVM.

(c) The Company has facilitated the Members to participate at the 38th AGM through the VC facility provided by KFin Technologies Private Limited (‘KFIN’).

(d) In accordance with the aforesaid circulars, Notice of the AGM along with the Annual Report 2020-21 will be sent **within the statutory time limit, only by electronic mode**, to those members whose e-mail addresses are registered with the Company/ depositories. Members may note that the notice of AGM along with the Annual Report will be made available on Company’s website www.eihassociatedhotels.in, website of the stock exchanges i.e. BSE Limited and National Stock Exchange of India Limited www.bseindia.com and www.nseindia.com and on the website of KFIN <https://evoting.karvy.com>.

(e) Pursuant to Section 108 of the Act read with Rule 20 of the Companies (Management & Administration) Rules, 2014, Regulation 44 of the Listing Regulations and Secretarial Standard on General Meetings, the Company is pleased to provide to its Members with the facility to cast their votes on all resolutions set forth in the Notice of the AGM using electronic voting system (remote e-voting and voting during AGM) and has engaged the services of KFIN to facilitate voting through electronic voting system. Detailed procedure of remote e-voting and voting at the AGM will be part of the AGM Notice.

(f) **For receipt of AGM Notice and Annual Report by electronic mode (e-mail), shareholders holding shares in physical mode who have not registered/updated their e-mail addresses with the Company and wish to register/update may contact/ write to the Company’s Share Transfer Agent, viz. EIH Limited, Investors Services Division, by e-mail at isdho@oberoiigroup.com or invcom@tridenthotels.com. Shareholders holding shares in dematerialized mode may contact/ write to their Depository Participant to register/ update their e-mail addresses.**

For EIH Associated Hotels Limited Sd/-
Kolkata Indrani Ray
7th June 2021 Company Secretary

ADC India Communications Ltd.

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NOTICE TO SHAREHOLDERS

Transfer of Equity Shares of the Company to the Investor Education and Protection Fund (IEPF)

This Notice is published pursuant to the provisions of Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016, as amended from time to time (“the Rules”).

In terms of the provisions of Section 124(6) of the Companies Act, 2013 read with the said Rules, the Company is required to transfer such shares corresponding to the dividend declared for the financial year 2013-14 in respect to which the shareholder has not claimed dividend for seven consecutive years from the said financial year to Investor Education and Protection Fund (IEPF) on September 14, 2021. Complying with the requirements set out in the said Rules, the Company has through its Registrar and Share Transfer Agents, M/s. KFin Technologies Private Limited, communicated individually to the concerned shareholders whose shares are liable to be transferred to IEPF for taking appropriate action.

Details of shareholders whose shares are due for transfer to IEPF has been uploaded on the Company’s website at www.adckcl.com. Shareholders are requested to refer to the section Investor Relations/unclaimed Dividend Details/IEPF on the website to verify the details of uncashed dividends and shares liable to be transferred to IEPF.

Shareholders holding shares in physical form and whose shares are liable to be transferred to IEPF may note that the Company would be issuing duplicate share certificates in lieu of the original held by them for transfer of shares to IEPF as per the said Rules and upon such issue, the original share certificates which are registered in their name will stand automatically cancelled and become non-negotiable. The shareholders may further note that the details uploaded by the Company on its website shall be deemed adequate notice in respect of issue of duplicate share certificates by the Company for transfer of physical shares to IEPF pursuant to the said Rules. In case of shares held in Demat Form, the transfer would be affected by issuance of necessary instruction to the depository to transfer the shares directly to IEPF.

In case the Company / M/s. KFin Technologies Private Limited does not receive any communication from the concerned shareholders to claim the unpaid dividends by September 10, 2021, the Company shall with a view to comply with the requirements of the said Rules, transfer the shares to IEPF as per the procedure stipulated in the said Rules without any further notice to the shareholders. The shareholders may note that once the unclaimed dividend amount and shares transferred to the IEPF no claim shall lie against the Company in respect thereof pursuant to the said Rules. The concerned shareholders are further requested to note that all future benefits arising on such shares would also be transferred to IEPF.

Shareholders may note that both the unclaimed dividend and corresponding shares transferred to the IEPF including all benefits accruing on such shares, if any, can be claimed back from the IEPF Authority by making an application in the prescribed Form IEPF-5 online and sending the physical copy of the requisite documents enumerated in the Form IEPF-5 to the Nodal Officer of the Company.

For further information/clarification/assistance on the above matter, concerned shareholders are requested to contact the Company’s Registrar and Share Transfer Agents, Ms. Sheetal Doba, Manager-Corporate Registry, KFin Technologies Private Limited, Selenium Tower B, Plot No. 31 & 32, Financial District, Nanakramguda, Serilingampally Mandal, Hyderabad-500032. Tel: +91-40-67161509 email ID: sheetal.doba@kfinitech.com or inward.ris@kfinitech.com.

For ADC India Communications Ltd Sd/-
R.Ganesh
Company Secretary

Place : Bangalore
Date : June 07, 2021