Impact Assessment of COWINNER – Inoculation Drive under CSR Responsibility by Escorts Kubota Ltd (formerly Escorts Limited)

Project Report

Prepared by:
Development Sector Advisory, Mazars LLP,
Gurugram, Haryana

Submitted to:
Escorts Kubota Ltd.
Faridabad, Haryana

Contents

List of Abbreviations

COVID – 19	Corona Virus Disease 2019
OECD-DAC	Organization for Economic Cooperation and Development
CSR	Corporate Social Responsibility
GoI	Government of India
MCA	Ministry of Corporate Affairs
IDI	In-depth Interviews
IEC	Information, Education and Communication
WHO	World Health Organisation
CMO	Chief Medical Officer
RIL	Reliance Industries Ltd.
TCS	Tata Consultancy Services
HDFC	Housing Development Finance Corporation
ONGC	Oil and Natural Gas Corporation Ltd.
IOCL	Indian Oil Corporation Ltd.
MoHFW	Ministry of Health and Family Welfare
NFHS	National Family Health Survey
RSBY	Rashtriya Swathya Bima Yojana
CGHS	Central Government Health Scheme
ESIS	Employee State Insurance Scheme
PHC	Primary Health Center
CHC	Community Health Center
SHC	Sub-health Centre
SPOC	Single Point of Contact
REESIE+C	Relevance, Efficiency, Effectiveness, Sustainability, Impact, Equity and Coherence
CDC	Centre for Disease Control and Prevention
IMR	Infant Mortality Rate
NMR	Neonatal Mortality Rate
U5MR	Under 5 Mortality Rate

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Preface

In November 2019, the world was posed against an invisible threat, a virus, which was first identified in China. It drew global attention when physicians across the world labelled the manifestation of the disease as “influenza of unknown origin”. This virus, a disease-causing pathogen was identified as SARS n-Cov2 via extensive research around the globe. As the number of cases increased with exponential rise in morbidity and mortality, WHO declared it as a “Public Health Emergency of International Concern”. In India, after the first case was identified in Kerela, GoI implemented the lockdown in a phased manner, restricting the movement of 1.3 billion people.

In the year 2021, development of vaccination against COVID-19 became the goal of every nation, to sever the chain of transmission. Many vaccinations were introduced with claims of varied degrees of efficiency. The vaccination was developed within a ten-month period, which is believed to be an extraordinary feat given that other vaccinations of contagious diseases took 10-15 years for being safely developed and introduced for humans.

India is acknowledged globally to have a robust capacity for developing vaccines. India has also had a long history in organizing and implementing immunization programs for pregnant women and children. However, organizing a national vaccination program for COVID-19 is challenging because of India’s large population and fragile health infrastructure.

India rolled-out the COVID-19 vaccination program in January 2021. The state governments developed plans for the storage and distribution of the vaccine and for the implementation of the vaccination program. Important elements within the program were communications and advocacy that aimed to inform the people about the vaccine and its benefits and to encourage them to get vaccinated so that the problem of vaccine hesitancy, a major deterrent, can be prevented.

India and the world were at a critical juncture in the history of the pandemic where the availability of the vaccine shows a glimmer of hope—a light at the end of a dark tunnel. State of Haryana also achieved this gargantuan feat of vaccination of its approx. 2.5 crore population and this effort is further aided by programs such as COWINNER. This inoculation drive achieved immunization of approx. 37,000 citizens in only 42 days in Faridabad and Palwal.

This report details out the meticulous assessment of this inoculation drive conducted from July 2, 2021, through August 12, 2021. The assessment conducted was anchored in the principles of REESIE+C framework most commonly adopted for such programs, as recommended by Organisation for Economic Cooperation and Development – Development Advisory Committee (OECD-DAC).

The present report also details the findings as reported on the field by the beneficiaries of COWINNER and all stakeholders involved in program planning, execution, implementation, and management. The final section of this report lays out the recommendations to further strengthen the program and make it more comprehensive and sustainable *inter alia*.

We sincerely hope this report aids in the decision-making pertaining to the program and its furtherance, and continuation of such interventions aimed at social good and the development ofthe community, overall.

Acknowledgements

Considering the quantum, scope and scale of work involved in completion of this impact assessment report, we are indebted to a variety of stakeholders. To begin with, we are extremely grateful to Escorts Kubota Ltd. For entrusting us with this prestigious assignment.

We also thank the representatives from Sarvodaya Hospital and QRG Hospital, Faridabad, for sparing their valuable time and giving us the insights into the support provided by them to the program. We also thank the representatives from Plan8, the technology partner in COWINNER, who promptly addressed our queries and provided us the data. We also thank a wide range of people from all these organisations, people who readily gave us their inputs and insights that lead us to have a comprehensive understanding of their roles and responsibilities throughout COWINNER.

We adopted a deeply participative approach to conduct and complete this evaluation. The process involved continuous deliberations and iterations within Mazars team at all levels. We are thankful to senior management, advisors, researchers, and team of analysts and Field Investigators at Mazars Advisory LLP, for diligently working for this evaluation, beginning from coordination with field functionaries, deployment of filed team and resolving on-ground issues of correspondence with multitude of stakeholders, data collection by the FIs, data cleaning, coding and analysis of qualitative and quantitative data, report writing and incorporating suggestions and inputs provided by senior management. The efforts put into the completion of this evaluation and producing this report are highly appreciated.

We specifically thank our Field Investigators who diligently collected the data in a short span of time while braving through the extreme hot weather and working through holidays. This report could not have been made possible without their commitment.

Lastly, but not the least, we thank the most crucial stakeholder in this effort, the beneficiaries of COWINNER, who spared their valuable time to provide us the valuable insights into the overall effectiveness of the program and patiently completed the surveys and answered our queries.

We hope this report aids the decision making for the administration and management at Escorts Kutoba Ltd., pertaining to planning and implementation of more such initiatives under corporate social responsibility mandate of the organisation. We also hope that this report paves the trajectory for trust building between the stakeholders and furtherance of such initiatives is sustainable and impactful.

Executive Summary

Enactment of Companies Act, 2013 by the Ministry of Corporate Affairs, Government of India was one of the world's largest experiments of introducing Corporate Social Responsibility (CSR) as a mandatory provision by imposing statutory obligation on Companies to take up CSR projects towards social welfare activities. This has made India the only country which has regulated and mandated CSR for some select categories of companies registered underthe Act. This Initiative is aimed at posing the nation towards achievement of sustainable development goals and public-private partnership in transforming India.

Under this legislation, Escorts Kubota Ltd. planned and implemented a noble inoculation drive against COVID-19, in Faridabad and Palwal districts of Haryana, for a period of 42 days, in the year 2021. Escorts Kubota Ltd. has been a successful engineering conglomerate in India excelling in three major sectors, namely agri-engineering, construction, and railway equipment.

Corona Virus Disease 2019 (COVID-19) and its adverse effects on the social and economic ecosystem of the country and the world have been well documented via extensive research in the field. The people of India saw high morbidity and mortality, increased out-of-pocket health expenditure, otherwise known as catastrophic expenditure, increased unemployment and layoffs made it even harder for a common man to survive. With the advent of vaccination against COVID-19, India launched its vaccination program, the largest immunization program across the globe, in mission-mode achieving a mammoth feat of immunizing billions of citizens with both doses.

With the three-tier public health system of the country within a low-resource eco-system of healthcare, interventions such as COWINNER aid the initiatives laid out by the state and central governments. Such programs gain more credibility when they partner with healthcare experts such as Sarvodaya Hospital and QRG Healthcare in Faridabad.

This report has been developed after multiple consultations and iterations with multitude of stakeholders involved in COWINNER, multiple in-depth interviews with key informants representing various organisations involved with COWINNER, and most importantly the data collected from beneficiaries of COWINNER. The key findings of the report establish that COWINNER was a needed and successful program. However, majority of the beneficiaries and stakeholders agree that the 42-day program could have been planned for two months, covering an even larger population in both the districts. In terms of this program and its alignment with social inclusion priority of government of India, COWINNER was successful in immunizing people living below poverty line, women, elderly and physically challenged beneficiaries. This programs also gains significance as it has led to encouraging the beneficiaries for subsequent doses of COVID-19 vaccination, addressed the vaccination hesitancy in people and helped them understand the benefits of the vaccine.

Pathways and suggestions to further make the program sustainable and comprehensive, are discussed in the last chapter of this report. Inclusion of other age-groups, <18 years has been recommended if subsequent phases of COWINNER are planned. Also, suggestions pertaining to enhancement of Information, Education and Communication (IEC) materials, their provision in local languages, increased duration of the program, and crowd management are made to enhance the program holistically, so a larger population is covered in the anticipated phases of COWINNER.

1. Context

The world witnessed an unprecedented crisis with the identification of the novel Coronavirus, first detected in Wuhan, China in December 2019 (WHO Situation Report 2020). Genomic analyses and related evidence suggested that the SARS-nCoV-2 pathogen identified as aetiology for Coronavirus Disease (COVID-19) originated in bats and via cross-species transmission infected humans through some unknown intermediate host in the Wuhan Sea-Food market, in China, in December 2019. Initially, this “influenza of unknown origin” spread rapidly, and consequently, on January 30, 2020, following the recommendations of the Emergency Committee, WHO declared COVID-19 as Public Health Emergency of International Concern (PHEIC) and later declared it as a global pandemic on March 11, 2020.

The first case of COVID-19 in India was reported on January 27, 2020, when a 20-year-old female reported to the emergency department of a general hospital in Thrissur, Kerala. She had a history of traveling from Wuhan, China to India. The spread of COVID-19 began exponentially after the first case was detected. The rise in the number of infected persons was recorded in waves across the world.

The “unstoppable” rise of the infected cases, severity of symptoms, combined with increase in fatality rate was a conundrum gaining momentum with each passing day. While the governments across the world implemented preventive measures, for instance, quarantine/isolation, mandatory masks in public, closure of public spaces, social distancing, the chain of infection could be severed only via a vaccination, which was yet to be developed. Along similar lines, in the first of many strategies employed by the nation, India implemented a national lockdown on March 24, 2020, for 21 days, limiting the movement of 1.3 billion people in the largest democracy of the world. The lockdown was further extended in a phased manner for the coming few months.

During the period of lockdown, the movement of people was restricted, public social gatherings were discouraged, and other hubs of social activity such as movie theatres, gymnasiums and even educational institutions were closed until further notified. Section 71 of Public Health Act 1949 was invoked for effective control and swift action by CMOs, and other health officials led to a limited control of the circumstances. The district collectors were invested with the power to recruit an additional health workforce as per the requirement in a fast-tracked manner. Telemedicine units were launched in every district hospital.

With the advent of development of COVID-19 vaccination, countries across the world, have significantly reduced the transmission and resultant morbidity and mortality. Government of India’s efforts in the form of “maha-abhiyaan” for the world’s largest vaccination drive have yielded substantial results in terms of lowering the number of infected cases per day in India. A multitude of government initiatives are discussed in detail in later sections of this report.

The law, which stipulates that CSR activities should be undertaken only in “project/program” mode, provides detailed guidelines regarding what kinds of activities are eligible across several categories. This includes hunger and poverty, education, health, gender equality and women empowerment, skills training,
environment, social enterprise projects, and promotion of rural and national sports.

It is against this backdrop, the COWINNER inoculation drive was planned and implemented by Escorts Kubota Ltd. The inoculation drive began on July 2, 2021 and concluded on August 12, 2021. COWINNER was conducted in Faridabad and Palwaldistricts of Haryana State. This drive supplemented the efforts of the state and national government inimmunization of 37,231 beneficiarieswith COVID-19 vaccination. The cashoutlay of the Company under the Project"COWINNER" was Rs 3.01 Cr.

Fig1: COWINNER Banner

This assessment is conducted by Mazars Advisory LLP, in accordance with the mandatory third-party evaluation of any CSR intervention undertaken and completed by any organisation under the jurisdiction of the Companies Act of India.

2. Corporate Social Responsibility in India & Haryana

"Businesses need to go beyond the interest of their companies to the communities they serve" …….. Ratan Tata

Corporate Social responsibility (CSR) is continuing commitment by businesses to integrate social and environmental concerns in their business operations. Changes in the global environment increasingly challenge businesses around the world to look beyond financial performance, and to integrate social and environmental concerns into their strategic management.

Prior to Companies Act 2013, CSR in India has traditionally been seen as a philanthropic activity. And in keeping with the Indian tradition, it was believed that every company has a moral responsibility to play an active role in discharging the social obligations, subject to the financial health of the company. In the early 90's Mahatma Gandhi introduced the concept of trusteeship helping socio-economic growth. CSR was influenced by family values, traditions, culture, and religion.

On 29th August 2013, The Companies Act 2013 replaced the Companies Act of 1956. The New Act has introduced far-reaching changes that affect company formation, administration, and governance, and incorporates an additional section i.e., Section 135 – clause on Corporate Social Responsibility obligations ("CSR") for companies listed in India. The clause covers the essential prerequisites pertaining to the execution, fund allotment and reporting for successful project implementation.

India became the first country to legislate the need to undertake CSR activities and mandatorily report CSR initiatives under the new Companies Act 2013. This is envisaged to be the beginning of a new era for CSR in India.

History of CSR in India:

Fig 2: Development of CSR in India Source: CSR Portal, GoI (csr.gov.in)

CSR in India is not merely seen as philanthropy in today's age. It has following components:

Fig 3: Tenets of CSR in India *Source: In-house creative*

According to the Dynamic CSR Report for the year 2020-21 published on the CSR portal for India, by Ministry of Corporate Affairs, list of other CSR activities undertaken in various districts of Haryana, across sectors is at Annexure 1. As per data from National CSR portal, in the financial year 2020-21, the total CSR expenditure in Haryana has been Rs 536.88 crores, with a total of 1036 companies investing in 22 districts of the state under 10 different sectors.

CSR in India at a glance:

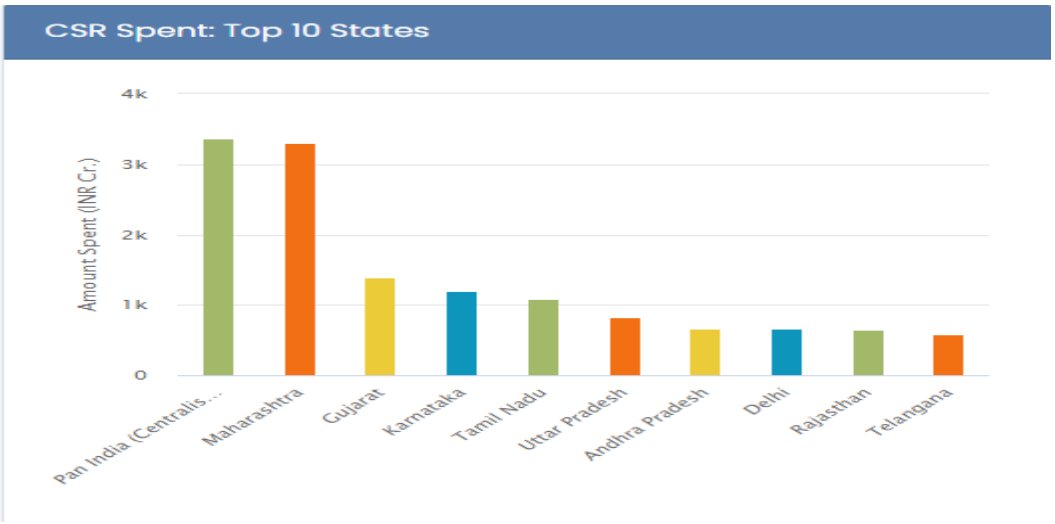


Fig 4: Top 10 states with most CSR spending *Source: csr.gov.in*

CSR in Haryana - According to the CSR journal, the top three organisations conducting CSR in Haryana with major sector covered under them are as listed below.

Top three districts of Haryana

The top 3 districts to get CSR benefits in Haryana are respectively Gurugram (amount spent towards CSR 130.99 cr), Jhajjar (51.71 cr) and Faridabad (42.66 cr). Hisar, Karnal, Sonipat, Rewari, Rohtak, Ambala and Panchkula are the rest of the top 10 districts enjoying CSR benefits in the state.

Top three sectors of CSR in Haryana

a. Education, Differently Abled, Livelihood (CSR amount spent 259.07 cr)
b. Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking Water, Sanitation (CSR amount spent 220.63 cr)
c. Environment, Animal Welfare, Conservation of Resources (CSR amount spent 34.54 cr)

3. About Escorts Kubota Limited

Escorts Kubota Limited, one of India's leading engineering companies, is a partner of choice for farming and construction equipment in the country. For seven decades, Escorts Kubota has helped accelerate India's socio-economic growth through its presence across high-growth sectors of Agri-machinery, Construction and material handling equipment and Railway equipment. Powered by an in-house research and development centre and collaborations with global technology leaders, Escorts Kubota is committed to contributing towards India's growth story and bringing in quality change in the lives of people.

From a small agency house in 1944 to one of the largest engineering conglomerates in India, the saga of Company's ascent is entwined in the evolving dynamics of India's economic progress. In a journey of seven pioneering decades, the Company has reshaped, redefined and reinvented, the way India lives, works and travels.

Escorts Kubota' vision is to be among the top engineering companies in India by being the preferred solution provider to the needs of customers, by practicing respectful and ethical business practices, by being the employer of choice within the engineering industry, and by providing superior returns to investors.

From breaking fresh ground for Indian Infrastructure to nurturing the earth with harvests of prosperity - From mobilizing the economy on the rail-tracks of progress to being its driving force on the highways of the nation - Escorts Kubota is transforming lives, with the power of technology and imagination.

4. About COWINNER – Community Vaccination Drive

Under the Corporate Social Responsibility Program, Escorts Kubota Ltd., India's leading engineering conglomerate, conducted a free inoculation drive for COVID-19. The drive was held for 42 days, from July 2, 2021, to August 12, 2021. In the 42 days, the program provided free vaccination to 37,231 beneficiaries, in Faridabad and Palwal district of Haryana. This program was carried out in association with medical partners, viz. QRG Health City and Sarvodaya Healthcare. The registrations for the camp for vaccination were done through appointments via a portal developed by Technology Partner "Plan 8". The camp also had provision for "walk-in" registrations. A web-application was also developed and made accessible to general public to facilitate registrations and the processes involved. The portal could be accessed at https://freevaccine.escorts.co.in

Covishield vaccine was given at the COWINNER program, and the protocols and standards set by Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) were strictly adhered to. The camp was organised at the below mentioned venues and was operational every day from 9:30am to 6pm.

i. 02/07/2021 through 17/07/2021 and 03/08/2021 through 12/08/2021 – venue QRG Hospital, Sector 16, Faridabad

ii. 18 July to 02 August 2021 – venue Emerald Convent School, Sec 79, Faridabad

Fig 5: COWINNER Camp set-up Courtesy of Escorts Kubota Ltd.

Need for COWINNER in Haryana

According to National Family and Household Survey (2019-2021), health insurance coverage in India is far from satisfactory. Over two-fifths (41%) of households have at least one usual member covered under health insurance or financing scheme. Only 30 percent of women aged 15-49 and 33 percent of men aged 15-49 are covered by health insurance or financing

scheme. Almost half (46%) of those with insurance are covered by a state health insurance scheme and about one-sixth (16%) are covered by Rashtriya Swasthya Bima Yojana (RSBY). Three to six percent of women and 4-7 percent of men are covered by the Employee State Insurance Scheme (ESIS) or the Central Government Health Scheme (CGHS).

In Haryana, households with any usual member covered under a health insurance/financing scheme (%) is 25.7, which has almost doubled since NFHS 4 (2015-16) 12.2. This statistic is significantly lower than national average. Lack of insurance coverage leads to increase in out-of-pocket healthcare expenditure and challenge in access to COVID-19 vaccine would lead to increased morbidity and resultant increase in healthcare cost.

According to the NFHS 5 state factsheet for Haryana, the key indicators are summarized below:

S. No.	Indicator	NFHS 4 (2015-16)	NFHS 5 (2019-2021)	National Score (NFHS 5)
1	NMR	22.1	22.6	24.9
2	IMR	33.3	32.8	35.2
3	U5MR	41.1	38.7	41.9
4	Children aged 12-23 months who received most of their vaccination in a public health facility (%)	96.9	94.8	94.5
5	Children aged 12-23 months who received most of their vaccination in a private health facility (%)	5.1	2.4	4.2
6	Women ever undergone screening for cervical cancer (%)	NA	0.8	1.9
7	Women ever undergone screening for breast cancer (%)	NA	0.3	0.9

Table 1: Health Indicators for Haryana and India

The above statistics establish the need for such interventions in Haryana, alluding to the unmet healthcare needs. Such interventions do not only cater to the immediate vaccination and/or healthcare needs of the population, but they also aid in encouraging positive and low-risk health behaviour change adoption by the people.

Indian Public Health System is a three-tier healthcare hierarchical system that caters to the health needs of approx. 1.35 billion people of the largest democracy of the world. Sub-Health Centres (SHCs) and Primary Health Centres (PHCs) are generally regarded as the first point of contact between a citizen and a government health facility, followed by Community Health Centres (CHCs), District Hospitals (DH) and Medical Colleges. Generally, the ecosystem of the Indian healthcare system is considered a low-resource setting and private healthcare providers bridge this gap in a substantial way.

Government health facilities in Faridabad and Palwal districts: The following table summarizes the number of Primary Health Centres (PHCs) and Sub-Health Centres (SHCs) in the two districts where COWINNER was organised. Detailed list of PHCs and SHCs across Haryana is at Annexure 2.

District	No. of PHCs	Location	No. of SHCs
Faridabad	16	Kurali, Palli Kherikalan, Tigaon, Dhouj, , PunheraKhurd, Mohna, Palla, Anangpur, Fatehpur-billoch, Chhainsa, Fatehpur - Taga, Sikri , Dayalpur, Khabrakalan, Hijranwankalan	58
Palwal	20	Aurangabad, Hathin, Sondhad, Alawalpur, Dadhola, Rasulpur, Tappa-bilochpur, Hasanpur, Solra, Amarpur, Sihol, Mandkola, Uttawar, Naggaljatt, Kalsara, Bulwana, Alika, Kot, Deghot, Bhiduki	89

Table 2: PHCs and SHCs in Faridabad and Palwal
Source: PHCsubcenter.pdf (haryanahealth.nic.in)

According to the national report NFHS 2019-21, half (50%) of households in India do not generally seek health care from the public sector. The percentage of households that do not generally use government health facilities is highest in Bihar (80%) and Uttar Pradesh (75%), and lowest (less than 5%) in Ladakh, Lakshadweep, and the Andaman & Nicobar Islands. The most commonly reported reason for not using government health facilitiesat the national level is the poor quality of care (reported by 48% of households that do not generally use government facilities). The second most commonly reported reason is that the long waiting time at government facilities (46%), followed by the fact that there is no government facility nearby (40% of households).

Looking at all the reasons mentioned above, it stands clear that CSR interventions like COWINNER aid the collective efforts of the state and central government to mitigate the impact of COVID-19 on the people of India.

5. Objectives of the assessment

The need of assessment of COWINENR is anchored in the Corporate Social Responsibility mandated by the GoI. The rules in Section 135 of Companies Act 2013 make it mandatory for companies of a certain turnover and profitability to spend 2% of their average net profit forthe past three years on CSR.

Also, to examine whether the intended benefits of COWINNER have reached the beneficiary, this assessment is warranted. The assessment would help all stakeholders involved to gain insights into the documentation, clearance process and other processes involved in the program implementation. Therefore, the evaluation was envisaged with the following objectives:

I. To assess the Relevance, Effectiveness, Efficiency, Equity, Impact, Coherence, and Sustainability of COWINNER
II. To evaluate the process of implementation of COWINNER and identify gaps/challenges and opportunities therein
III. To suggest pathways for further improvement, if needed.

6. Methodology and Approach

Based on comprehensive understanding of similar nature of assignments, on-ground experience of conducting studies and experiences of delivering similar assessment projects across the globe, a holistic and bespoke project strategy and approach was outlined for this assignment. Mazars in India has conducted multiple studies and several projects in similar domain.

The study focuses on assessment of impact of COWINNER through application of Relevance, Effectiveness, Efficiency, Sustainability, Impacts and Equity (REESI+E) framework. The evaluation employed a 4-phased approach as illustrated below:

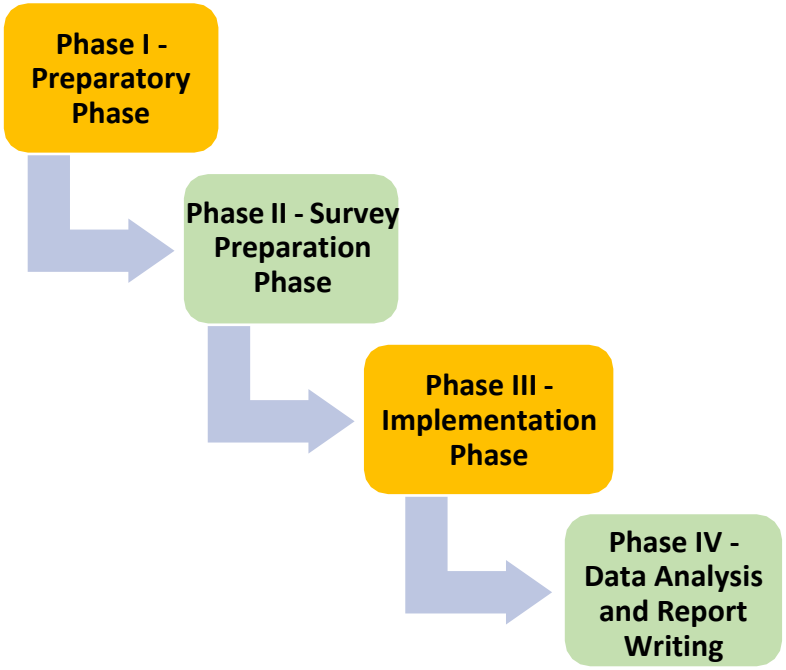


Fig 6: 4-phased methodology

Phase I -Two consultation meetings were conducted with Escorts Kutoba Ltd. on 13th August 2022 and 17th August 2022 to finalize the timelines of the deliverables and understanding of expectations. Internal understandings and processes were validated against expectations. Roadmaps were created, and a SPOC was assigned to the project to avoid any miscommunications and proper channels for delivery of both information and key deliverables. The planning was done using the management triangle of cost, scope, and time.

The initial phase of the assessment was mostly secondary literature review while the subsequent phases were a mixture of secondary as well as primary data collection.

Phase II: Survey Preparation Phase – All data collection tools for this assessment were developed by Mazars Advisory LLP. All surveys/questionnaires and key-informant interview guides were also consulted with Escorts Kubota Ltd. Consensus and approval on all tools for data collection was obtained from Escorts. The development of all data collection tools was conducted in alignment with REESI+E Framework. According to the Organisation for

Economic Cooperation and Development – Development Assistance Committee (OECD-DAC), five criteria, namely, Relevance, Effectiveness, Efficiency, Impact and Sustainability, have come to serve as the core reference for assessing any development and humanitarian projects, programmes, and policies. Beyond development co-operation, evaluators and commissioners also use the criteria in other areas of public policy. Recent additions to the criteria are two constructs i.e., coherence and equity (Retrieved from revised-evaluation-criteria-dec-2019.pdf (oecd.org)).

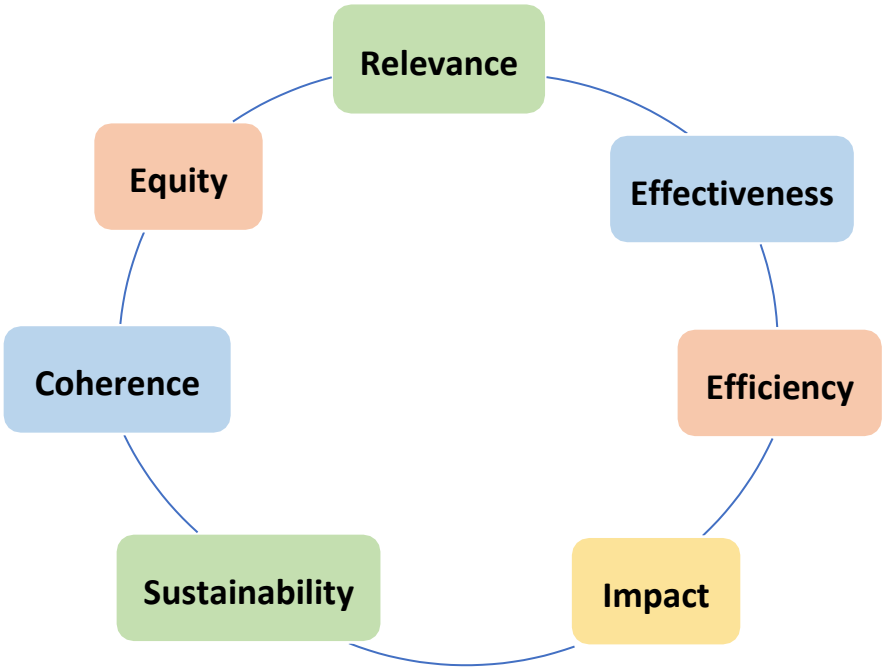


Figure 7: Components of OECD Framework

As quick reference, each OECD criterion is described below:

Relevance	Alignment of COWINNER with thebeneficiary community's requirements and the government priorities
Effectiveness	Achievement of scheme's goals and objectives
Efficiency	Translation of resources and inputs into results
Sustainability	Assessed the continued benefits of the scheme
Impact	Measured the overall impact, direct or indirect, positive or negative, long-term or short-term etc. of COWINNER on the beneficiary
Equity	Addressing the disparities relating to geographical coverage, coverage of

	vulnerable and marginalized communities etc.
Coherence	Assessing the compatibility of COWINNER to other similar interventions in the sector

Table 3: Definitions of OECD framework components

To better address the language barrier and to make the survey easy to comprehend for the respondent, the survey was translated into Hindi language. Pilot test of the survey was conducted, and the language was revised accordingly, before the survey was deployed on-field.

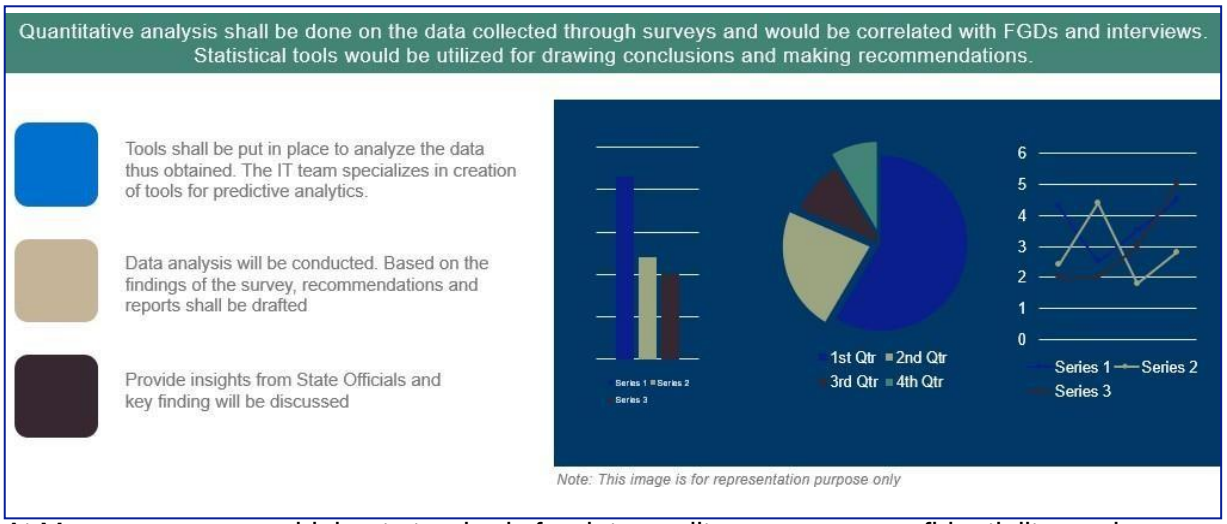
Phase III: Implementation Phase - Data was collected from the beneficiaries of COWINNER via telephonic surveys developed in Kobo Toolbox.

Multiple orientation meetings with the Field Investigators were conducted, firstly, the FIs were explained the entire COWINNER – Community Vaccination Drive, with its objectives and on-field functioning, secondly, the FIs were explained the survey tool developed and the data to be collected. Pilot testing of the questionnaires was conducted. Appropriate changes were made. Detailed and hands-on training was provided to the field team members and information regarding the hurdles they may face in a particular state and how to tackle them was imparted so that they there is minimum delay in completing the survey.
After successfully deploying the field team, data collection began.

Through the team at Escorts Kubota Ltd, we reached out to the medical partners and technology partners.

Preparation for KII: Visits were conducted by Mazars representative trained and deployed for data collection/administering the semi-structured interviews. Some interviews were also conducted telephonically, and some answers were solicited via email.

Phase IV: Data Analysis and Report Writing - Appropriate mechanism was in place to collect and compile data collected from identified areas. The entire data set was collectedand verified with utmost care and sincerity. Research team collated and validated 100% datacollected. Thereafter, the data was cleaned and analysed.



At Mazars, we ensure highest standards for data quality, accuracy, confidentiality, and storage. All data was stored in a password protected Excel file on organisation's password protected system.

Name of the Owner: Vikas Sharma
SSID: Mazars
Security Type: WPA2- Personal
IPv4 Address: 10.90.1.11

The data was analysed qualitatively and quantitatively; qualitative data was analysed using detailed content analysis by the internal team and quantitative data (Kobo ToolBox) was analysed using MS Excel. For backend checks, an excel sheet was maintained and our internal team called respondents chosen randomly to cross-check and validate the data collected. Then for the purpose of triangulation qualitative, quantitative, and secondary data was collated.
This draft of final report is submitted to Escorts Kubota Ltd. for inputs and after the changes have been successfully incorporated basis their feedback/inputs, final report shall be submitted.

Quality Control Mechanisms

Programmed Data Quality Controls	Monitoring and back checks	Data Confidentiality
Reminders on survey tools and discussion guides	Project management team will monitor field supervisors, 50% back checks through call backs	Follow all protocols around data security and privacy, informed consent as per legislative and professional standards

Weekly progress reviews were conducted with field investigators which included progress of data collection in sampled districts, KIIs to be held per week, challenges faced by the field investigators, resolution plan and strategy, plan for data validation and other relevant information *inter alia*.

Mazars Approach for Internal Quality Control

Mazars sets extremely high standards of quality. It has a detailed Internal Quality Policy which covers the processes related to quality and risk management that are required to be followed for all engagements. It covers the processes starting with client & engagement acceptance and culminating with the closure of the engagement. With specific reference to Engagement Deliverables, the Research team is required to create engagement documentation to support each Deliverable or Report. All engagement deliverables and reports were reviewed by the Principal Investigator and Co-Principal Investigator.

Principal Investigator in consultation with the Co-Principal Investigator determines the activities and tasks that require to be undertaken to ascertain the effective quality assurance for the engagement. The policy also suggests having periodic reviews by Principal Investigator to ensure adherence to quality assurance plans. Review status of the engagement recommends that work plans are created at the start of the engagement. The changes to the original work plans are reviewed periodically and documented as applicable (in form of latest project plans/ work plans). The meetings with the core engagement team members are conducted and documented. Reports on the status of the engagement are created and shared with the client on periodic basis. All relevant and important communication with the client is documented in writing and filed appropriately.

Mazars' dedicated unit for quality assurance: Mazars has well established internal quality assurance system to be applied at all stages of the assignments. The key aspects which would ensure quality include the following:

Identified Project Ownership

Identified Project Leader and a dedicated Project Manager to oversee the overall execution as well as assume responsibility for day-to-day operations. As per our role definition the Project Manager shall also be responsible for coordination with Junior Researcher to ensure smooth and seamless interface with the client.

Proven Best Practices

We prepare quality assurance plan at the beginning of study and devise suitable methodology and tools for execution of study.

Hand-picked Team

We conduct high-level formal staff planning process to ensure deployment of appropriate professionals as per the work plan. For all engagements, key members of the project team are selected in a manner to meet the required experience and expertise requirements.

Robust Review & Monitoring

Inception / entry interviews with the client to clearly understand the main objective and specific requirements of each deliverable and its place in the overall expectations from the engagement.

7. Sampling

Rationale for choosing Haryana and its two districts - Faridabad and Palwal
Escorts Kubota Ltd. has been a known name in its field, headquartered in Faridabad, Haryana for decades. The feeling of giving back to the community is unparalleled. Giving back to the community you are a part of is also a great way to know more about it. This was the noble reasoning in which selection of the state and the districts, was anchored in.

Selection of Key-informants for in-depth interviews: With the objective to solicit views, opinions, perspectives, thoughts, suggestions, and recommendations for COWINNER, 4 representatives per stakeholder organisation were identified in consultation with Escorts Kubota Ltd. Owing to the attainment of saturation of information in interviews with representatives from homogenous environment, the research team at Mazars fixed the number of interviews at 4 per stakeholder organisation. Therefore, 4 representatives were interviewed from 2 medical partners, technology partner and the implementing agency itself.

Sample Size – Slovin's equation was used for the calculation of sample size from the target population of 37,231 beneficiaries of COWINNER (rounded off to 40,000 to ensure adequate beneficiary coverage). The statistically significant sample was arrived at using the Confidence Interval of 99%, which came out to be **1014 respondents.**

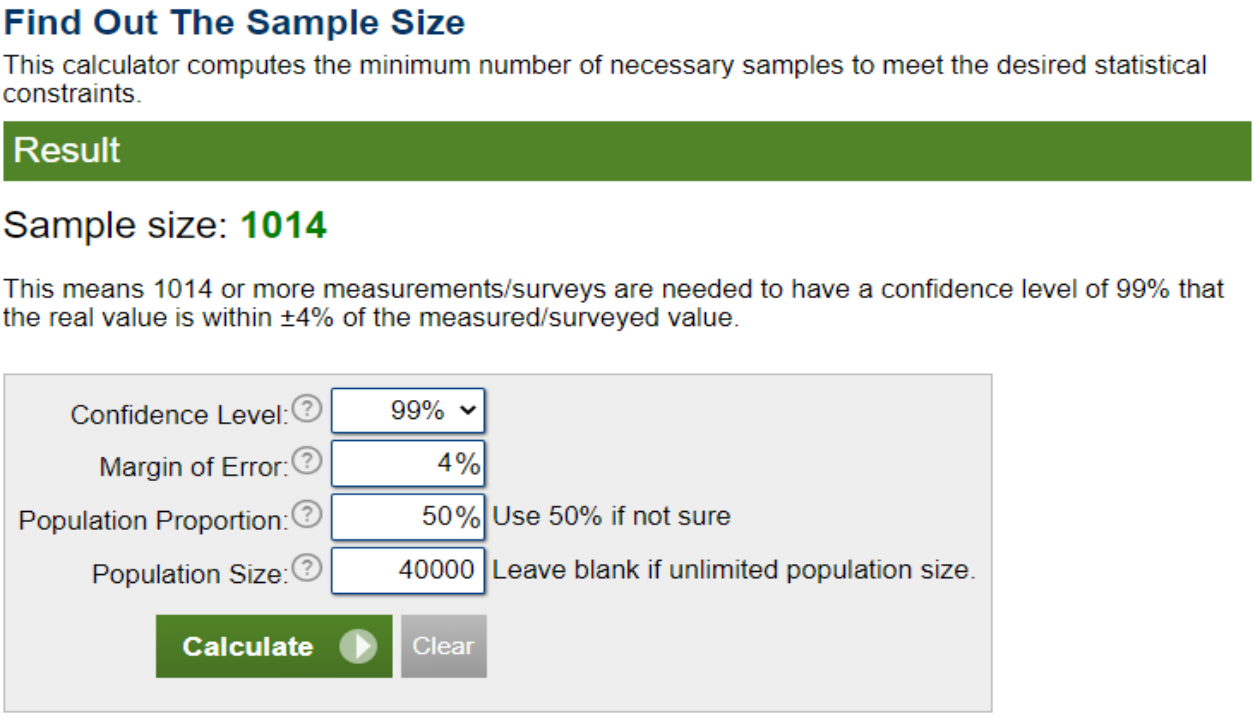


Fig 8: Calculation of Sample Size

Selection of respondents for survey – Data on three data points, viz. name of the beneficiary, contact information of the beneficiary and the date of vaccination of the beneficiary of COWINNER, was securely obtained from Escorts Kubota Ltd.

Varied number of beneficiaries obtained vaccine at COWINNER camps on all 42 days. From that database, using systematic random sampling (n, n+5, n+10, n+15 …….), the respondent was identified and contacted for the survey. Basis their consent to participation and their understanding of their rights during the course of the survey, their answers were recorded anonymously.

Similarly, between the two age-groups, i.e., 18-44 years of age and >45 years of age, that received vaccination at COWINNER camps, equal distribution of respondents was ensured. Therefore, 30 respondents from each day were surveyed. 15 from each age-group, making the total at approx. 1200 respondents that were contacted for participation in the survey. The next section presents the findings in detail.

8. Findings

This section presents the findings reported by the beneficiaries and other stakeholders. This section is divided into qualitative and quantitative findings and the overall performance of cowinner is discussed in conclusion chapter of the report.

1. **Qualitative findings** – These are based on 16 key-informant interviews conducted with different stakeholders. *It is noteworthy here that the performance of any component and sub-component is calculated as per the percentage of responses in favour of the component. For >50% responses in favour, the component is high performing, for 30-49% responses in favour of the component, the performance is medium and if responses <30% are in favour the component is low performing.*

a. Medical Partner – 8 Key-informant interviews were conducted with the two medical partners for COWINNER, i.e., Sarvodaya Hospital and QRG Hospital, Faridabad.

REESIE+C Framework Component	Sub-Component	Finding	Performance
Relevance	Was needed for the target population	>50% (all) of the respondents agreed that the program was needed	
	Alignment with government priorities	Given the Vaccination "Abhiyaan" run the central government, the priorities of cowinner are well-aligned, as reported by >50% of the respondents	
	Ease of access by the target population	Majority of the respondents reported that the venues for the program was easily accessible by the people	
	Duration of 42 days was sufficient	Majority of the respondents believed the duration of the program was sufficient. The program only concluded when no more beneficiaries coming to the vaccination centre were observed.	
Efficiency	COWINNER well designed and implemented	5 out of 8 respondents in in-depth interviews believed that the program was well	

		designed and implemented	
	Utilization of human resources	Majority of the respondents reported that HR personnel were deployed in accordance with the need	
	Utilization of vaccines	No vaccine vials were wasted is reported by **all** the respondents	
	Any delays reported in obtaining approvals	No delays were reported by any respondents	
	Quality control protocols implemented	Quality protocols were implemented. Majority of the respondents reported being up to date with the latest vaccine guidelines issued by the GoI	
Effectiveness	More people could be vaccinated by the program	Majority of the respondents were satisfied with the overall coverage and outreach of the program.	
	Encouraged people for booster dose of vaccine	Most respondents reported a positive behaviour change in the beneficiaries	
Impact	More people have become aware of the benefits of COVID vaccination	It was reported that beneficiaries also brought their family members and relative for vaccination owing to increased understanding of vaccination benefits	
	COWINNER has addressed the vaccination hesitancy amongst the beneficiaries	Large number of beneficiaries also recommended the program to their social networks	
	counselling provided to beneficiary's post-vaccination was satisfactory	On-site presence of a physician and post vaccine counselling was reported well	
Sustainability	Do you think more such initiatives are	Majority of the responses were in	

	required to be conducted by private agencies?	favour of more such programs by private agencies owing to more faith of the public in private healthcare providers	
	Do you think reliance on government initiatives alone for such large-scale campaigns is not enough?	5 out of 8 respondents reported that such initiatives bring the communities together and aid the government efforts	
Equity	Do you think COWINNER has been able to fill the needs of marginalised and vulnerable communities (for instance, people with lower socioeconomic status, tribal groups, religious minorities etc.)	The communication and marketing pertaining to the program was mandatorily and strategically placed in remote locations with the objective of reaching marginalised and vulnerable communities.	
	Do you think that beneficiaries of COWINNER have equal distribution of males and females?	Respondents confirmed that the program was aimed at vaccine equity between genders	
Coherence	Do you think COWINNER has been able to foster trust of beneficiaries for such initiatives?	With such initiatives beneficiaries are empowered to put their health needs first.	

Table 4: Performance of OECD components reported by Medical Partners

Legend

High	**Medium**	**Low**

b. Implementing Agency

REESIE+C Framework Component	Sub-Component	Finding	Performance
Relevance	Was needed for the target population	100% responses in favour of the program and its alignment with the beneficiary health needs	

	Alignment with government priorities	Looking at the mission mode vaccination drive implemented in India by the government, COWINNER was well aligned with government priorities	
	Ease to access by the target population	The access to the venue was provided via registration onthe software and people walking in were registered on spot. This dual- mode of registration made access easy, particularly for the digitally challenged.	
	Duration of 42 days was sufficient	100% respondents agreed that the duration was satisfactory.	
Efficiency	COWINNER well designed and implemented	100% responses were reported in favour of a streamlined implementation of the program.	
	Utilization of human resources	All responses were in favour of appropriate usage of resources	
	Utilization of vaccines	No vaccine vials were reported wasted by all respondents	
	Utilization of budget	It was well monitored by the Finance Department at Escorts Kubota Ltd. No gaps were reported by any respondent	
	Any delays reported in obtaining approvals	No delays were reported.	
	Quality control protocols implemented	All personnel involved with planning and execution of the program were well-informed of the COVID-19	

		guidelines. Masks were worn and social distancing was maintained.	
Effectiveness	More people could be vaccinated by the program	All respondents agreed that the program was concluded on the 42nd day only when the number of incoming beneficiarieswas negligible.	
	Encouraged people for booster dose of vaccine	Experience at COWINNER camps motivated the beneficiary to take booster doses of vaccine	
Impact	More people have become aware of the benefits of COVID vaccination	All responses were recorded in favour of increased awareness of benefits of vaccination in the community	
	COWINNER has addressed the vaccination hesitancy amongst the beneficiaries	All responses were recorded in favour of lowered vaccine hesitancy in the beneficiary. This can also be triangulated with primary data collected from the field.	
	counselling providedto beneficiary's post-vaccination was satisfactory	On-site doctor present at the program venue elicited the continuum of vaccination. Post-vaccination care was managed very well	
Sustainability	Do you think more such initiatives are required to be conducted by private agencies?	All respondents agreed to continuation of such initiatives by private agencies	
	Do you think reliance on government initiatives alone for such large-scale campaigns is not enough?	100% respondents agreed that such initiatives by private agencies supplement the	

		overall efforts by the government	
	Do you think other private agencies should follow suit?	All respondents agreed that such practices may be replicated by other agencies.	
Equity	Do you think COWINNER has been able to fill the needs of marginalised and vulnerable communities (for instance, people with lower socioeconomic status, tribal groups, religious minorities etc.)	All respondents agreed that social inclusion was a core tenet of COWINNER.	
	Do you think that beneficiaries of COWINNER have equal distribution of males and females?	All respondents agreed that COWINNER was anchored in the principles of equality	
Coherence	Do you think COWINNER has been able to foster trust of beneficiaries for such initiatives?	All responses were in favour of increased trust of beneficiary in such initiatives and programs	

Table 5: Performance of OECD components reported by Implementing Agency

Legend

High	**Medium**	**Low**

c. Technology Partner

REESIE+C Framework Component	Sub-Component	Finding	Performance
Relevance	Was needed for the target population	All respondents opined that the COWINNER inoculation drive was held at the perfect time to fulfil the needs of the beneficiary	
	Alignment with government priorities	All respondents unanimously reported that the program was well-aligned with the	

		state and central government priorities.	
	Ease of access by the target population	The hybrid mode of registration (online and walk-in) made it substantially easy for the beneficiaries to access the program	
	Duration of 42 days was sufficient	All respondents reported the program concluded only when no-more registrations were being made on the app and the walk-ins had substantially reduced.	
Efficiency	CoWINNER well designed and implemented	All respondents reported a streamlined implementation of the vaccination program	
	Utilization of human resources	HR was aptly deployed across the duration of the program	
	Utilization of vaccines	None of the respondents reported wastage of the vaccine vials.	
	Utilization of budget	100 per cent of the respondents reported no irregularities pertaining to the utilization of budget	
	Any delays reported in obtaining approvals	None of the respondents reported any delays in obtaining the approvals, *ipso facto*, no delays were reported in any activity pertaining to implementation of the program and stages therein.	
	Quality control protocols implemented	All respondents reported that all quality control	

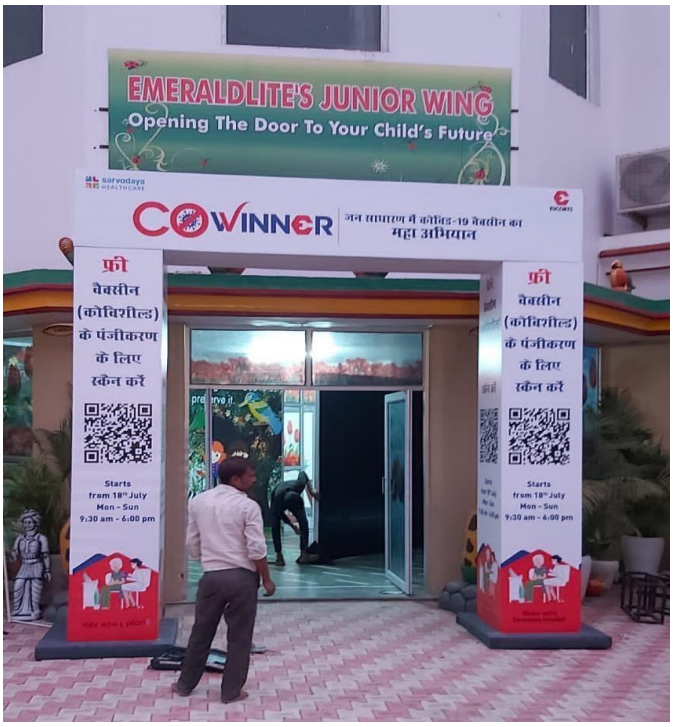
		measures were in place.	
Effectiveness	More people could be vaccinated by the program	It was reported that the program came to a conclusion when the foot-fall at the program venue was reported to be negligible	
	Encouraged people for booster dose of vaccine	All respondents unanimously opined that the program addressed the vaccine hesitancy in the general population and was a crucial step towards encouraging people for booster dose of the vaccine.	
Impact	More people have become aware of the benefits of COVID vaccination	All respondents reported that COWINNER did play a pivotal role in addressing the "ignorance" pertaining to the benefits of COVID vaccine in the target population.	
	COWINNER has addressed the vaccination hesitancy amongst the beneficiaries	All respondents unanimously opined that the program addressed the vaccine hesitancy in the general population.	
Sustainability	Do you think more such initiatives are required to be conducted by private agencies?	All respondents submitted their agreement on the need for much such program for the healthcare needs of the community must also be conducted by other private agencies, as and when the need arises.	

	Do you think reliance on government initiatives alone for such large-scale campaigns is not enough?	All respondents agreed that programs such as COWINNER supplement the efforts of the government in times of emergencies such as this past COVID-19 pandemic	
	Do you think other private agencies should follow suit?	All respondents submitted their agreement to the view that for the overall social welfare of the community, it is imperative that private entities make their contributions via means of such initiatives and programs.	
Equity	Do you think COWINNER has been able to fill the needs of marginalised and vulnerable communities (for instance, people with lower socioeconomic status, tribal groups, religious minorities etc.)	All respondents reported that the program was designed and implemented with the objective of vaccination equity among all social castes and classes, which was ensured during the course of the program.	
	Do you think that beneficiaries of COWINNER have equal distribution of males and females?	Social inclusion and gender equity are the two principles in which the program was anchored. Therefore, equal participation of all genders was ensured.	
Coherence	Do you think COWINNER has been able to foster trust of beneficiaries for such initiatives?	All respondents unanimously replied in favour of COWINNER being able to build trust within the community for such pertinent initiatives	

Table 6: Performance of OECD components reported by Technology Partner

Legend

High	**Medium**	**Low**



Descriptive findings from Sarvodaya Hospital - When collectively analysed, data reported by the respondents from Sarvodaya Hospital, all respondents unanimously agreed on COWINNER being a "much-needed" intervention for the target beneficiaries. All respondents used the term "community service" to describe the objectives of COWINNER. The representatives from Sarvodaya Hospital carried out a range of roles and responsibilities throughout COWINNER, from managing procurement of vaccine to ground operations and administering vaccination and post vaccination care.

The representatives collectively reported that all quality protocols and checks were implemented at all tiers of implementation as per the government of India guidelines. For challenges faced during the course of the program, crowd management surfaced as the primary challenge, however, this was reported to be mitigated via appropriate signages at the venue to direct the crowd. All of the respondents reported that the program was concluded on 42nd day as the number of registrations on the app and that of walk-ins were negligible.

When asked about suggestions and modifications to make the program even more successful, the following were reported:

a. The program may be expanded to include aspirational districts of Haryana wherein the vulnerable communities get the benefits of such initiatives in a higher proportion.

Descriptive findings from QRG Hospital reports that COWINNER was a successful program in achieving its objectives. The representatives collectively opined that it was a needed and welcome program in the community. The representatives reported handling roles and responsibilities in liaising and resource allocation for the vaccination program, verificationof quality checks, verification of documents, verification of vaccines and procurement and distribution of vaccines.

Suggestions made by the representatives of the organisation include provision for availability of IEC material in local language or Hindi language to enhance the understanding of the beneficiary about the program and benefits of the vaccine. Such material should be provided at such camps.

Descriptive data from Escorts Kubota Ltd. reported streamlined and seamless implementation of COWINNER. It was reported that via meticulous planning and strategic approach, objective of cowinner was realised. All representatives of Escorts Kubota Ltd. reported inclusion in the program, geriatric population was well taken care of at the program venue, physically challenges beneficiaries were attended to and post-vaccination care and

counselling was provided to all beneficiaries. The continuum of vaccination program, from administration to post-vaccination care was detailed by the on-site physician.

Special support at the registration desk was provided to physically challenged individuals, and elderly persons. Regular channels of communication were established with all stakeholders for a seamless coordination between them. Event support was meticulously managed.

All representatives were asked to rate COWINNER program on a scale of 1 through 10, using the below rating:

Rating	Inference
1	Extremely Bad
2	Very Poor
3	Poor
4	Below Average
5	Average
6	Above average
7	Good
8	Very Good
9	Excellent
10	Outstanding

Table 7: Rating Scale for IDIs

The overall rating of the COWINNER program is 9.375 (excellent to outstanding). This overall rating has been calculated using the following formula:

$$OR - \frac{\Sigma X_1 - X_{16}}{y},$$

Whereas,
OR – Overall Rating,
X1 – Rating by respondent 1
X2 – Rating by respondent 2,
X3, X4, X5, …… X16 – Ratings
y – Total number of respondents in KIIs i.e., 16

2. **Quantitative Findings –** A total of 1014 beneficiaries were selected as respondents for the survey developed for the purpose of this assessment. Sampling of the respondents has been discussed in detail in earlier sections of this report. The findings from the field survey are detailed below:

a. Demographic profile of the respondents sampled for the survey

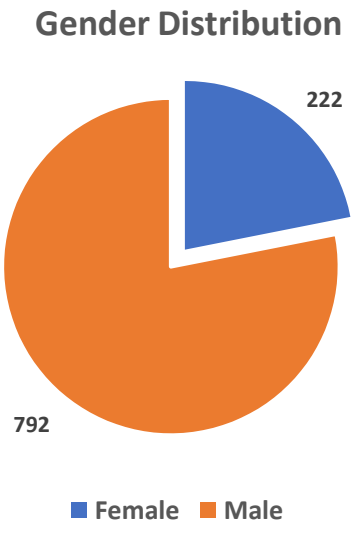
Parameter	Distribution	Total
Gender Distribution	Male – 792 Female - 222	1014
Educational Qualifications	Below 10th grade – 151 Up to 10th grade – 322 Up to 12th grade – 258 Graduate – 248 Post-graduate - 35	1014
Marital Status	Single – 253 Married – 752 Divorced – 5	1014

	Separated – 4	
Employment Status	Full-time – 638 Unemployed – 240 Part-time - 136	1014
Nature of Employment	Private – 723 Government – 13 Self-employed – 36 Others - 242	1014
Caste Affiliation	Schedule Caste – 122 Schedule Tribe – 2 OBC – 184 General - 706	1014
Religious Affiliation	Hindu – 991 Muslim – 17 Christian – 1 Sikh – 3 Jain – 1 Others - 1	1014
Above/Below Poverty Line	APL – 619 BPL - 395	1014

Table 8: Demographic profile of respondent beneficiaries

Pertaining the gender distribution of the sampled respondents, the majority of the respondents were males (792 respondents, 78%), while the remaining 222 respondents were females. A major proportion of the respondents was educated up to the 10th class. The majority of the respondents were married (74%) and employed with a private job (71%). A substantial proportion of the respondents belonged to the "General" caste category with reported affiliation to Hinduism. Approximately 40% of the respondents covered under the program were Below Poverty Line. Attempt to ensure social inclusion must be strengthened in sequels of COWINNER, if and when planned, as research suggests that healthcare needs of minorities, marginalized and vulnerable segments of the society are far more unmet.

The gender distribution of respondents in COWINNER is skewed towards male population as a greater number of males were covered, as illustrated in graph below. This finding is also substantiated by the national data reported by the MoHFW, GoI.



Graph 1: Gender distribution of respondents

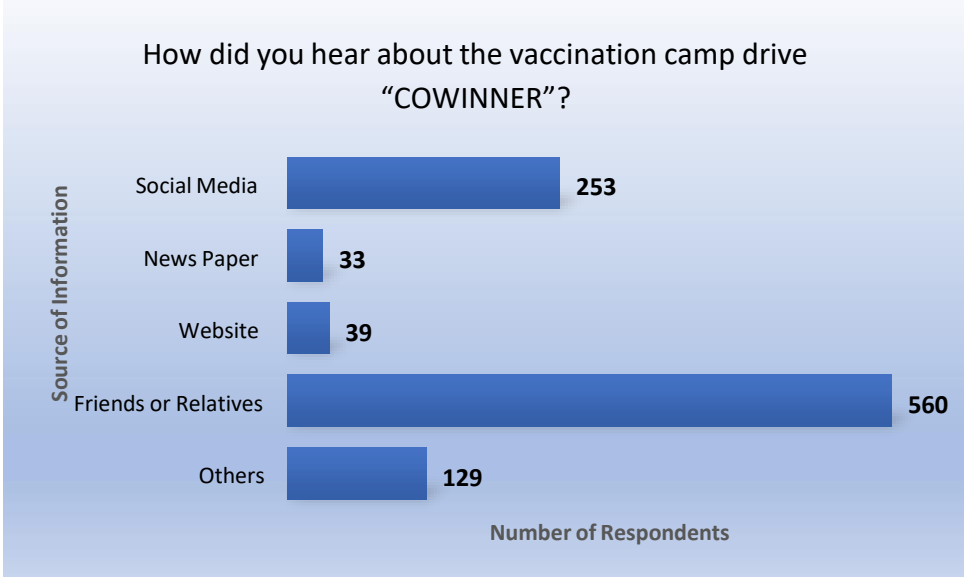
b. Respondents' knowledge of COWINNER

Parameter	Distribution
Source of information about COWINNER	Social Media – 253 Newspaper – 33 Website – 39 Friends or relatives – 560 Others - 129
Mode/method of registration	Through app – 878 Walk-in - 136
The dose received at COWINNER camp	First Dose – 890 Second Dose - 124
Contracted COVID-19 in the past two years	Yes – 26 No - 988
Contracted COVID after vaccination	Yes – 12 No - 1002
Pre-existing medical condition	Diabetes – 4 Heart Disease – 2 Others – 17 No disease - 991

Table 9: Summary of respondents' knowledge of COWINNER

The majority of the respondents were registered through an application developed for this purpose. Itis interesting to note that a substantial proportion of covered beneficiaries received the first dose of their COVID vaccination.

Approximately 98% of the respondents (991) reported no pre-existing medical condition whereas the remaining 23 respondents had pre-existing health conditions. 12 out of 1014 respondents reported contracting COVID-19 after the vaccination, indicating that post-vaccination counseling on high-risk health behavior for COVID is crucial.



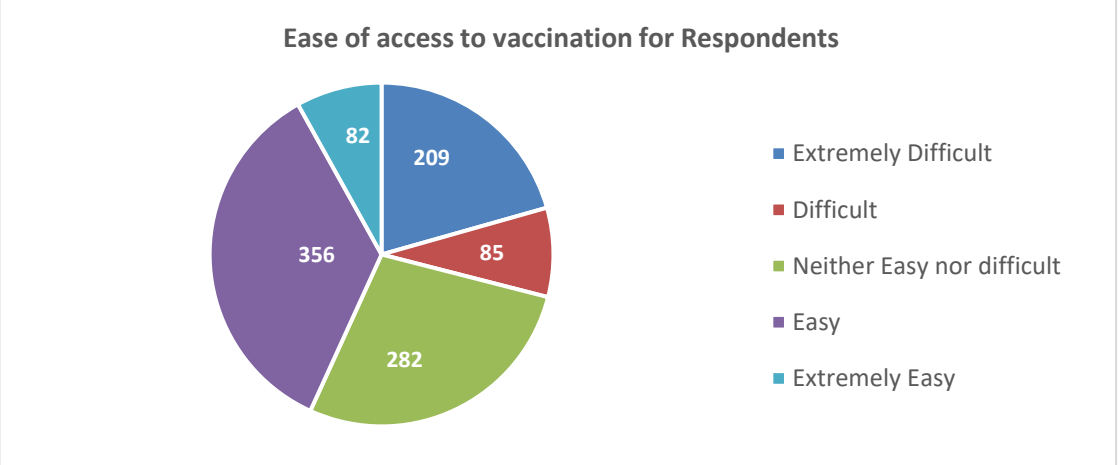
Graph 2: Source of Information about COWINNER

Secondary data (NFHS 5) reports low percentage of persons who have ever used the internet in the state of Haryana, and it correlated with the findings of the survey as only 253 respondents (25%) reported becoming aware of the COWINNER program via social media. The majority of the respondents (560 respondents, 55%) reported hearingabout COWINNER from friends or relatives. Around 7% of the respondents got information about the program from either newspaper or the website.

All respondents were also asked to rate the access to COVID-19 vaccine on a scale of 1 to 5, wherein: 1 – Extremely difficult, 2 – Difficult, 3 – Neither easy nor difficult, 4 – Easy, and 5 – Extremely easy. Majority of the respondents reported that access to vaccination via any other camp was difficult. Around 43% (438) of respondents reported that the access to the vaccination was either easy or extremely easy.The following pie chart illustrates the above finding.

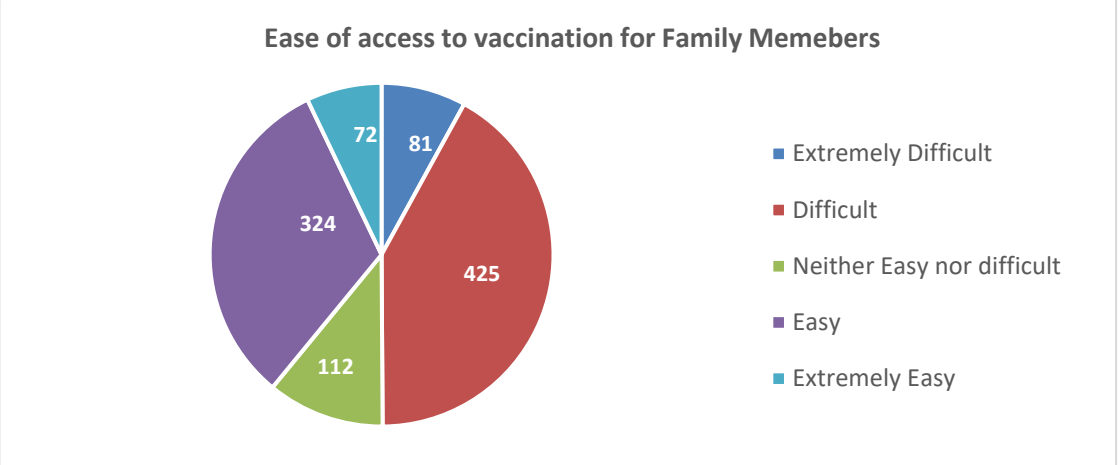
Rating	Ease of Access to Vaccination for Respondents	Ease of Access to Vaccination for Family Members
1 – Extremely difficult	209	81
2 – Difficult	85	425
3 – Neither easy nor difficult	282	112
4 – Easy	356	324
5 – Extremely easy	82	72
Total	1014	1014

Table 10: Ease of Access to Vaccination



Graph 3: Respondents' rating of access to vaccination for themselves

Similarly, the respondents were also asked to rate the ease of access to COVID-19 vaccination for their familymembers. On the whole, 425 respondents (42%) reported that access to vaccination was difficult for their family members, whereas another 81 respondents found it to be very difficult. On the other hand, around 32% of respondents (324) found vaccination to be easily accessible for their family members. These findings are depicted in Graph 4.



Graph 4: Respondents' rating of ease of access to vaccination for their family members

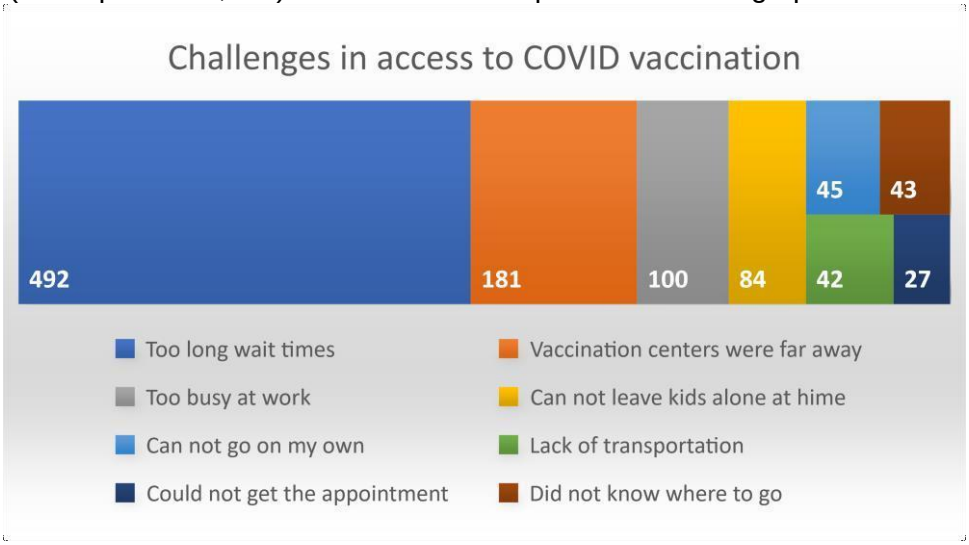
c. Attitude of respondents to vaccination after COWINNER

Parameter	Distribution
Challenges faced by you for COVID vaccination	Wait time was too long - 492 Vaccination centres were far away - 181 Too busy at work - 100 Cannot leave kids alone at home – 84 Cannot go on my own – 45 Did not know where to go - 43 Lack of transportation - 42 Could not get the appointment - 27
COWINNER helped in better vaccination coverage of the district population	Yes – 1006 No - 8
COWINNER was able to address the vaccine hesitancy in people	Yes – 999 No - 15
Brought family members to COWINNER as well	Yes – 636 No - 378
Recommended COWINNER to a friend/ relative/ neighbor etc.	Yes – 645 No - 369
COWINNER provided easy access to vaccination	Yes – 1001 No - 13

Table 11: Attitude of respondents towards vaccination post-COWINNER

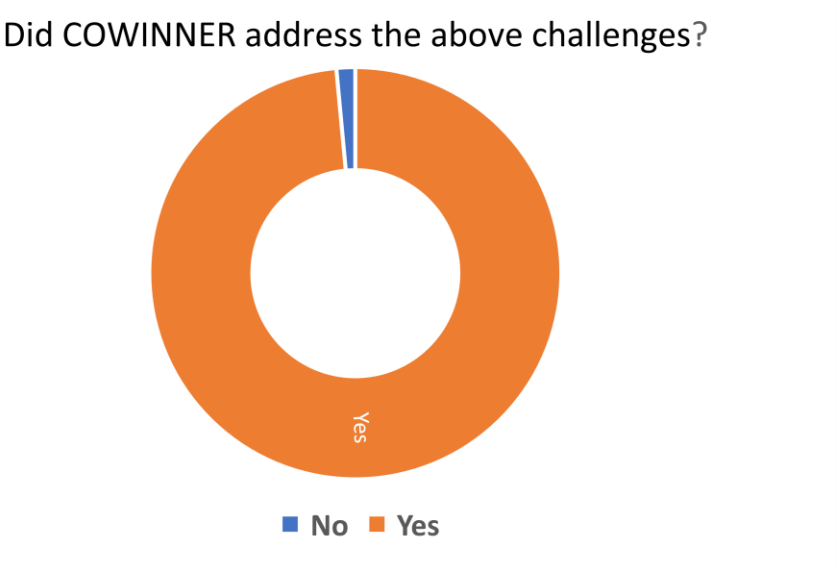
Table 11 presents the attitude of respondents towards vaccination. The respondents were also asked about the challenges responsible for the limited reach of the COVID-19 vaccination program run by the government. The most prominent challenge emerged to be the long wait time for getting the vaccination, and it was reported by almost one-half of the respondents (49%, 492 respondents). The next biggest challenge was the vaccination center being far away which was reported by 181 respondents (18%). Around 10% of respondents (100 respondents) also stated that they could not access COVID-19 vaccination as they were too busy with work

and did not have the time to go to the center. A few respondents also informed that they could not access vaccination because they could not go to the vaccination center leaving their children alone at home (84 respondents, 8%). Some other challenges reported by the respondents included the inability to go to the center on their own (45 respondents, 4%), not having idea about where to go for vaccination (43 respondents, 4%), lack of transportation to get to the vaccination center (42 respondents, 4%) and failure to get appointment for the vaccination (27 respondents, 3%). These results are presented in the graph below:



Graph 5: Challenges in access to COVID Vaccine

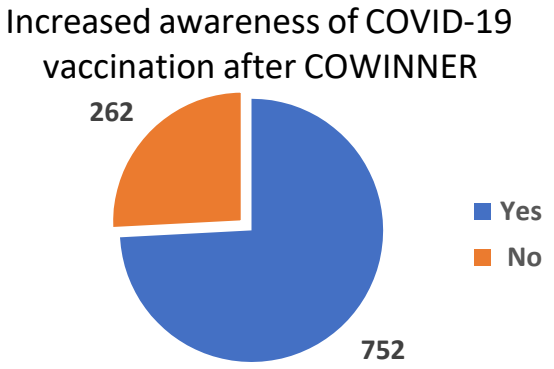
Respondents were also asked if COWINNER was able to address the challenges reported by them. To this, a substantial majority reported 'Yes' (999), while a negligible number (15) reported the challenges were not addressed by COWINNER (Refer Table 11). The same is depicted in the graph below.



Graph 6: COWINNER addressed challenges in access to COVID vaccine

Furthermore, as per the majority of the respondents, the vaccination drive was also successful in ensuring better coverage of the district (99%) as well as removing vaccination hesitancy (98.5%) (Refer Table 11).

To assess the influence of COWINNER on the overall awareness of the respondent beneficiaries pertaining to COVID-19, respondents were asked if post-vaccination counselling and care enhanced their awareness. Majority of them (752 respondents, 74%) reported a significant increase in their awareness. 262 respondents (26%) reported no change in their overall awareness of COVID- 19 after COWINNER.



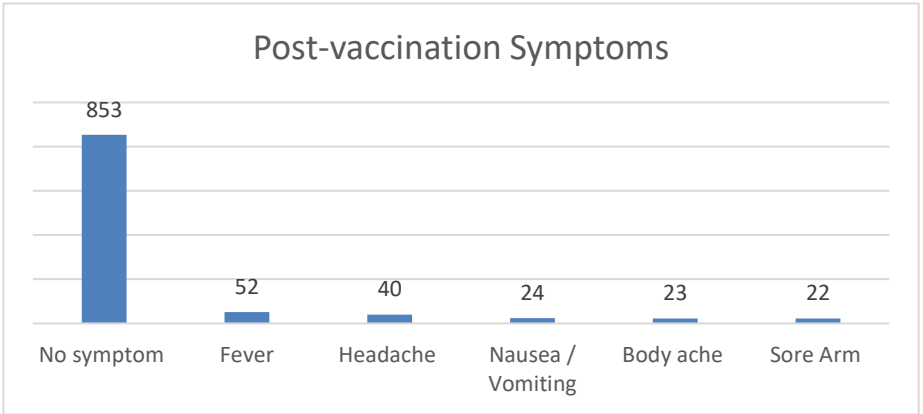
Graph 7: Increased awareness of COVID-19 vaccination after COWINNER

d. Post-vaccination care and counselling at COWINNER camps:

Parameter	Distribution
Counselled to maintain 6-feet social distance at work/public places/home etc.	Yes – 854 No - 160
Counselled on usage of public transportation with mask and social distancing	Yes – 768 No - 246
Counselled on usage of mask even when talking to people	Yes – 829 No - 185
Experienced any symptom post-vaccination	No symptom – 853 Fever- 52 Headache – 40 Body ache – 23 Sore arm - 22 Nausea/Vomiting - 24

Table 12: Post-vaccination care and counselling at COWINNER

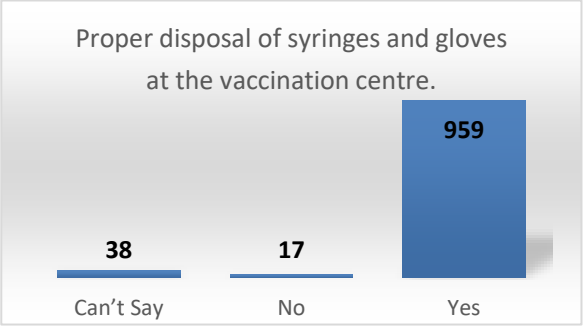
Respondents were also asked if they experienced any symptoms after getting the COVID- 19 vaccination. Majority of respondents (853 respondents, 84%) experienced no symptoms. 52 respondents (5%) experienced fever while 40 respondents (4%) suffered from headache. Remaining respondents had few other minor ailments like Body ache, Sore arm, and Nausea / Vomiting. These results are depicted in the graph below.



Graph 8: Post vaccination symptoms at COWINNER

e. Good practices at COWINNER camp venues

Respondents were also asked if the used syringes and gloves were being disposed off safely and properly at the vaccination center. It was found that the camps were doing proper biomedical waste management, as a remarkable majority reported yes (959). No was reported by 17 respondents while remaining 38 respondents replied, “can’t say”.



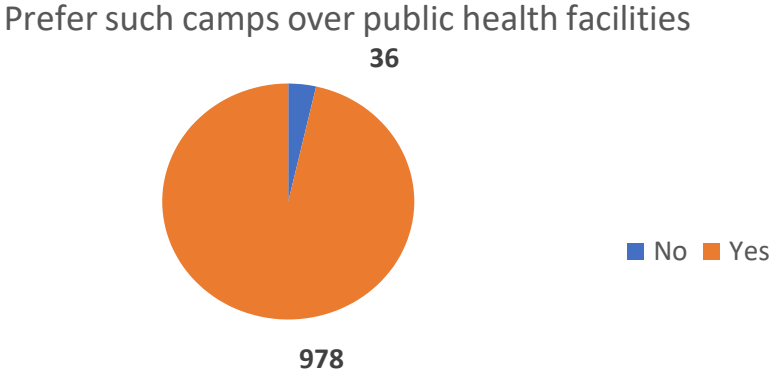
Graph 9: Biomedical Waste Management

Parameter	Distribution
Do you feel like more such camps should be organized?	Yes - 1010 No - 4
Do you feel that such camps encourage people to be more informed about their health issues?	Yes – 1004 No - 10
Would you prefer such camps over Public Health Facilities?	Yes – 978 No - 36

Table 13: Respondent’s views on the utility of camps like COWINNER

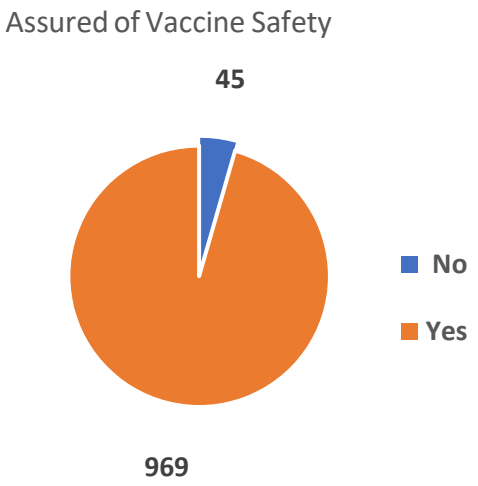
When asked if more such camps should be organized, 1010 respondents out of 1014 replied ‘Yes’ while the remaining 4 replied ‘No’. 1004 respondents out of 1014 also reported that such camps encourage and motivate the citizens to be moreinformed and up-to-date on their health issues. Such camps generate awareness, and a positive behavior change is observed in citizens. Furthermore, such camps also mitigate the social discrimination and stigma regarding other health issues resulting in more people in the community coming forward to seek help.

A vast majority (978 respondents, 96%) also reported that they would prefer going to such camps over public health facilities while the remaining 4% did not show any such preference. This indicates that COWINNER has fostered the trust of the people pertaining to their and their family member’s needs. This finding is illustrated in the graph below:

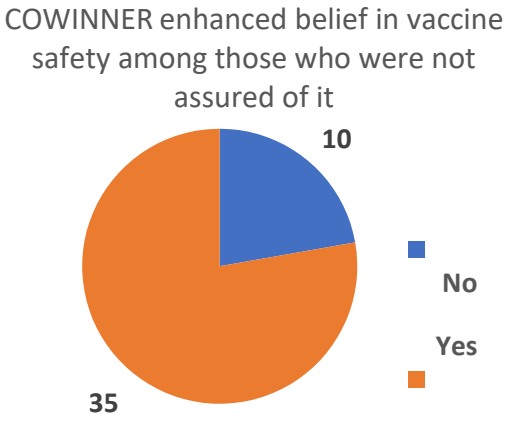


Graph 10: Preference of private vaccination camps over public health facilities

An overwhelming majority of 969 respondents (96%) reported that their trust in the vaccination has been made stronger after COWINNER and that the program was assuring when it came to vaccine safety. The remaining 45 respondents were skeptical of vaccine safety. However, it is noteworthy that of the 45 beneficiaries who were not assured of vaccine safety, 35 reported COWINNER addressed this challenge.

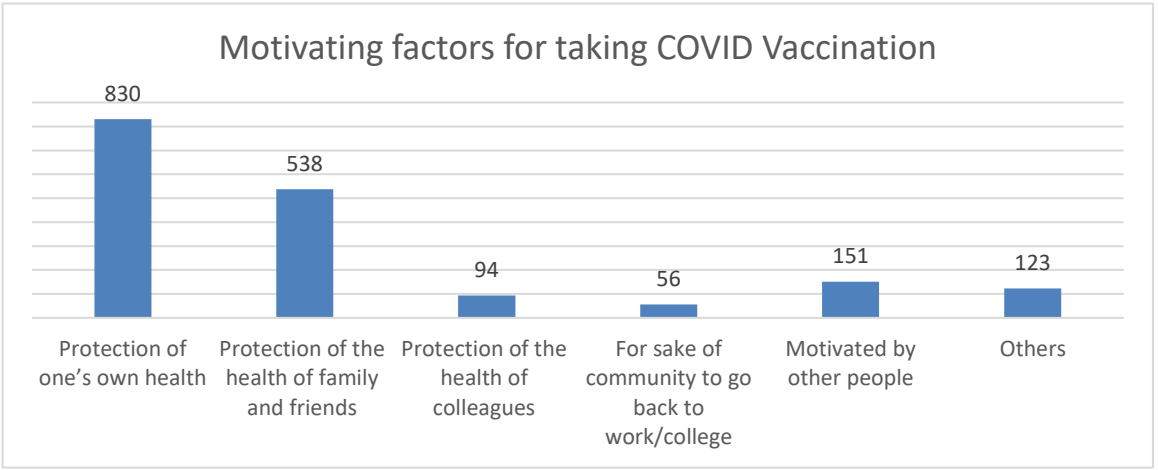


Graph 11: Assured of Vaccine Safety



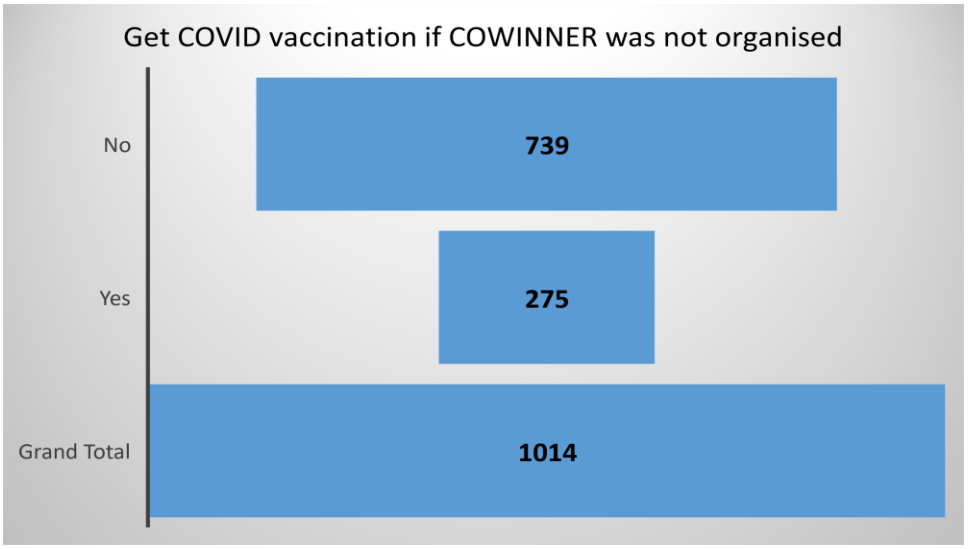
Graph 12: Enhanced belief in Vaccine Safety

Motivating factors to get the COVID vaccination at COWINNER Camp were also probed. The most significant motivating factor for taking vaccination was the protection of one's own health and it was reported by 830 respondents (82%). The second most important factor behind taking the COVID vaccination was the protection of the health of family and friends and the same was reported by 538 respondents (53%). Protection of the health of colleagues was also an important motivating factor for 94 respondents (9%). Findings obtained in this regard are presented in the graph below.



Graph 13: Motivating factors for taking COVID vaccination

All components of OECD-DAC framework are well captured under this one question. When asked if COWINNER was not organized, would the beneficiary have gone for COVID vaccination at other vaccination centre, it is noteworthy that 739 respondents (73%) reported "No", while the remaining 275 respondents said that they would have still got the vaccination.

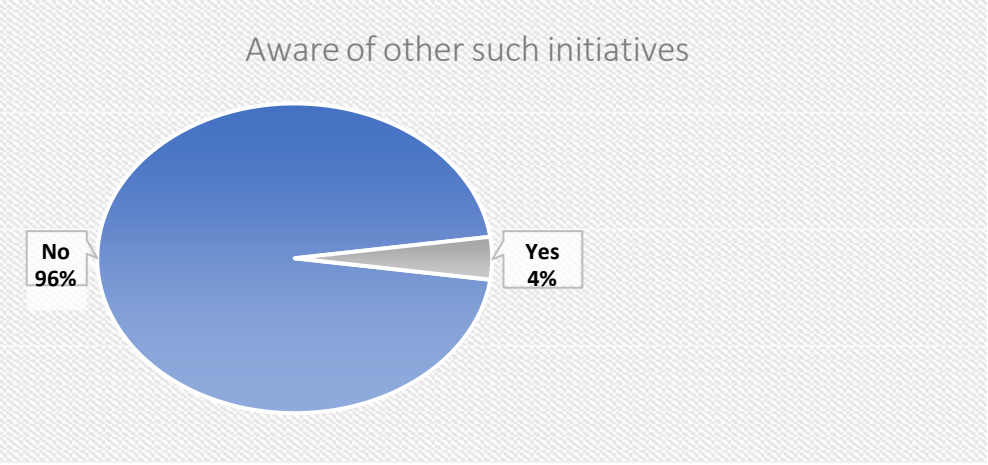


Graph 14: Get COVID vaccination if COWINNER was not organized

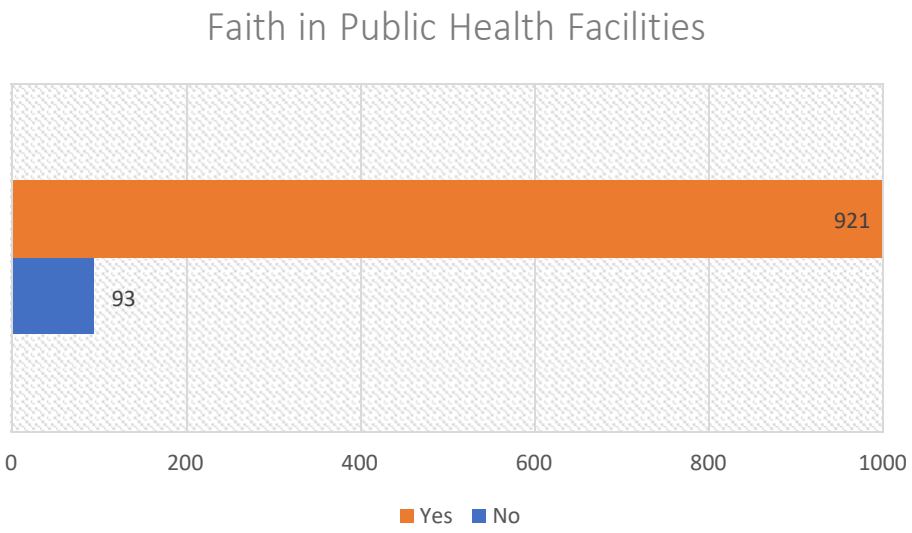
The above finding reflects the true achievement of COWINNER by Escorts Kubota Ltd. in serving its community healthcare needs free of cost at the most needed times.

Out of the 275 respondents who reported they would have still got the vaccination, 248 reported they would go to public health facilities, and the remaining 27 reported willingness to go to a private healthcare provider. Also, all 1014 (100%) of the respondent beneficiaries reported recommending COWINNER to their family, relatives, friends and neighbors.

The majority of the respondents (969 respondents, 96%) reported not knowing any other initiative like COWINNER organized by any other private entity. Only 45 respondents (4%) reported being aware of other such initiatives.



Graph 15: Awareness of other such vaccination camps



Graph 16: Faith of respondents in public health facilities

When asked about their trust on public health facilities, the majority of the respondents (921 respondents, 91%) reported having faith in public health facilities. On the other hand, 93 respondents (9%) reportedly did not have much faith in public health facilities.

9. Conclusion

This section of the report lays out the summary of the findings anchored in the components of OECD-DAC framework. *It is noteworthy, the performance of each component is calculated as:*

Average of % responses in favour of each component (by medical partners/technology partner/implementing agency)/3.

Therefore, the overall performance of COWINNER is tabulated below:

OECD Framework Component	Performance
Relevance	
Efficiency	
Effectiveness	
Sustainability	
Impact	
Coherence	
Equity	

Table 14: Overall performance of COWINNER in REESIE+C framework

The program has been an outstanding initiative in terms of its “Relevance” i.e., its alignment with the government priorities, fulfilling the needs of the beneficiaries, provision of easy access to the healthcare needs of the target population and the duration of the program. In regard to the Efficiency and Effectiveness of the program, the program is rated outstanding. As reported, in the qualitative data by the key informants across a varies spectrum of stakeholders, and qualitative data from the field, the program was well designed and implemented with quality protocols built in the overall program design.

The program also scored very well in terms of its outcomes and impact, where the awareness pertaining to COVID-19 and high-risk health behaviour has increased, vaccine hesitancy was lowered, trust in such programs has been enhanced, and overall, the beneficiaries have been empowered with knowledge and attitudinal changes towards health issues in the community

In terms of sustainability of the program, the data points to more such initiatives may be planned in the future, implying the high acceptance of the program by the general population. The program also adopted best practices which may be replicated by other such initiatives by agencies from the private sector.

The Programme was conducted without any discrimination irrespective of the gender, castes, religions, and social classes, thereby, maintaining social inclusion as a central tenet for this program, well in alignment with government priorities. Social inclusion is a central tenet to inclusive and overall social and economic development and inclusion of vulnerable communities and minorities was observed from the data collected for the purpose of this study.

In conclusion, the program and all its sub-components, are in adherence to the parameters of REESIE+C framework of OECD-DAC. It is sincerely hoped that such noble initiatives will be planned in the future complimenting the efforts of the government in times of such emergencies of national and international concern.

10. Recommendations

This section details the pathways and suggestions which shall lead to strengthening of future such vaccination programs under CSR by the organisation. The following recommendation are aimed at making future such campaigns or sequels of COWINNER environmentally sustainable, economically effective, and efficient, and overall comprehensive and holistic.

1. Screening of the beneficiary for contraindications and precautions prior to administering the vaccination and explaining vaccine benefits and risks before administering the vaccination – The program had a well-run post vaccination care and counselling desk; however, it is crucial that pre-vaccination counselling with explanation of the risks and benefits of the vaccine, contraindications for any pre-existing medical condition(s), any existing allergies *inter alia* must be explained to each beneficiary. This step is recommended to be executed in a language or vernacular that is easily understood by the community and must be carried out with utmost gender sensitivity. Research has established that females are comfortable discussing their health issues with medical personnel of the same gender.

2. Effective communication (written and oral) - Provision of reading material pertaining to benefits and risks of vaccination in the form of a pamphlet/tri-fold/brochure may be provided to the beneficiary post vaccination. The reading material may be translated into local language or may be made multi-lingual subject to the catered population's local language. This also facilitates dissemination of information across wider community.

3. Inclusion of more age-groups – This shall be considered if the organisation plans another such drive in the times to come. Now with the advancement in vaccination doses and development of vaccine for children, more age-groups may be included in the subsequent programs under CSR. With a paediatrician on-site and the venue aesthetics in accordance with the age-group, post-vaccination care and counselling,

The CDC recommends everyone 12 years and older should get a COVID-19 vaccination to help protect against COVID-19 as widespread vaccination is a critical tool to help stop the pandemic. India has started vaccination of the younger age-groups.

4. Involving community icons and leaders in the camp – Community icons such as community leaders, religious leaders, renowned athletes may be involved in such camps as they become a voice that the community follows. This shall ensure more enthusiastic participation from all social classes of the community. The program has the august presence of the District Collectors and local MPs which encouraged the community participation.

5. Daily timings of the camp to be adjusted - The hours of operation for the camp everyday were scheduled from 9:30am to 6pm. This timing overlaps with the working hours, as majority of the respondents were full-time employed at their jobs. Beginning the hours of operation at 7 am everyday will enable the people and the community to come for vaccination in large numbers, thereby, achieving the objective of the camp with better and enhanced population coverage.

6. Inclusion of more women in the vaccination camps – Strategic communication for inclusion of a greater number of women may be developed. As the secondary data reflects, women in India are not empowered to make their own decisions pertaining to health and their involvement in household chores, acts as a limitation for their access to such camps. Provision of transport facility to and from the camp venues for women, children, geriatric population and differently abled population may be considered.

7. Inclusion of minorities and marginalised communities in the campaign - Vulnerabilities and unmet healthcare needs with low education status in these communities is well established. With national thrust on social inclusion and equity, and the two being core tenets of overall social development, it is imperative that distribution of benefits of such camps is all inclusive.

8. Inclusion of more districts in the camp – Other districts of Haryana which constitute backward classes should be included in subsequent phases of this program, when planned.

9. Inclusion of migrant population in remote and difficult to access areas/ districts/ blocks – Migrant population is one of the hardest populations to cover underany vaccination program. They generally inhabit remote areas, construction sites etc. These difficult to access areas may be included in the geographies proposed to be covered for more such immunization camps.

Annexure – 1

CSR activities in the year 2020-21 in Haryana and its districts

S.No	State	District	Type Of District	Development Sector	CSR Spent as on "FY 2020-21" (INR Cr.)
1	Haryana	Mewat	Aspirational	Education, Differently Abled, livelihood	2.03
2	Haryana	Mewat	Aspirational	Environment, Animal Welfare, Conservation of Resources	0.1
3	Haryana	Mewat	Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0.09
4	Haryana	Mewat	Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	2.66
5	Haryana	Ambala	Other than Aspirational	Education, Differently Abled, livelihood	2.28
6	Haryana	Ambala	Other than Aspirational	Encouraging Sports	0.06
7	Haryana	Ambala	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.66
8	Haryana	Ambala	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	4.6
9	Haryana	Bhiwani	Other than Aspirational	Education, Differently Abled, livelihood	0.49
10	Haryana	Bhiwani	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.38
11	Haryana	Bhiwani	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	0.7
12	Haryana	Bhiwani	Other than Aspirational	Heritage Art And Culture	0
13	Haryana	Bhiwani	Other than Aspirational	Rural Development	0.57
14	Haryana	Faridabad	Other than Aspirational	Education, Differently Abled, livelihood	22.02
15	Haryana	Faridabad	Other than Aspirational	Encouraging Sports	0.01
16	Haryana	Faridabad	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	3.72
17	Haryana	Faridabad	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	1.3

18	Haryana	Faridabad	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	13.62
19	Haryana	Faridabad	Other than Aspirational	Heritage Art And Culture	0.24
20	Haryana	Faridabad	Other than Aspirational	Other Sectors (Technology Incubator And benefits To Armed Forces And Admin Overheads)	0.14
21	Haryana	Faridabad	Other than Aspirational	Others	0
22	Haryana	Faridabad	Other than Aspirational	Rural Development	1.62
23	Haryana	Fatehabad	Other than Aspirational	Education, Differently Abled, livelihood	3.21
24	Haryana	Gurugram	Other than Aspirational	Education, Differently Abled, livelihood	47.1
25	Haryana	Gurugram	Other than Aspirational	Encouraging Sports	0.3
26	Haryana	Gurugram	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	8.96
27	Haryana	Gurugram	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	6.46
28	Haryana	Gurugram	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	65.47
29	Haryana	Gurugram	Other than Aspirational	Heritage Art And Culture	0.5
30	Haryana	Gurugram	Other than Aspirational	Other Sectors (Technology Incubator And benefits To Armed Forces And Admin Overheads)	0.25
31	Haryana	Gurugram	Other than Aspirational	Others	0
32	Haryana	Gurugram	Other than Aspirational	Rural Development	1.66
33	Haryana	Gurugram	Other than Aspirational	Slum Area Development	0.3
34	Haryana	Hisar	Other than Aspirational	Education, Differently Abled, livelihood	4.63
35	Haryana	Hisar	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	8.2
36	Haryana	Hisar	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0.67

37	Haryana	Hisar	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	4.77
38	Haryana	Hisar	Other than Aspirational	Others	0
39	Haryana	Hisar	Other than Aspirational	Rural Development	0.36
40	Haryana	Jhajjar	Other than Aspirational	Education, Differently Abled, livelihood	1.55
41	Haryana	Jhajjar	Other than Aspirational	Encouraging Sports	0.1
42	Haryana	Jhajjar	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.49
43	Haryana	Jhajjar	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	48.77
44	Haryana	Jhajjar	Other than Aspirational	Other Sectors (Technology Incubator And benefits To Armed Forces And Admin Overheads)	0.23
45	Haryana	Jhajjar	Other than Aspirational	Others	0
46	Haryana	Jhajjar	Other than Aspirational	Rural Development	0.57
47	Haryana	Jind	Other than Aspirational	Education, Differently Abled, livelihood	0.55
48	Haryana	Jind	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	1.1
49	Haryana	Kaithal	Other than Aspirational	Education, Differently Abled, livelihood	0.05
50	Haryana	Kaithal	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	0.01
51	Haryana	Karnal	Other than Aspirational	Education, Differently Abled, livelihood	15.48
52	Haryana	Karnal	Other than Aspirational	Encouraging Sports	0.01
53	Haryana	Karnal	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.03
54	Haryana	Karnal	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0
55	Haryana	Karnal	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	2.94
56	Haryana	Kurukshetra	Other than Aspirational	Education, Differently Abled, livelihood	0.4

57	Haryana	Kurukshetra	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.11
58	Haryana	Kurukshetra	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	0.04
59	Haryana	Kurukshetra	Other than Aspirational	Heritage Art And Culture	0.4
60	Haryana	Kurukshetra	Other than Aspirational	Rural Development	0.02
61	Haryana	Kurukshetra	Other than Aspirational	Slum Area Development	0.02
62	Haryana	Mahendragarh	Other than Aspirational	Education, Differently Abled, livelihood	0.03
63	Haryana	Nec/ Not Mentioned	Other than Aspirational	Education, Differently Abled, livelihood	133.23
64	Haryana	Nec/ Not Mentioned	Other than Aspirational	Encouraging Sports	0.51
65	Haryana	Nec/ Not Mentioned	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	7.5
66	Haryana	Nec/ Not Mentioned	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0.94
67	Haryana	Nec/ Not Mentioned	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	60.22
68	Haryana	Nec/ Not Mentioned	Other than Aspirational	Heritage Art And Culture	0.52
69	Haryana	Nec/ Not Mentioned	Other than Aspirational	Other Sectors (Technology Incubator And benefits To Armed Forces And Admin Overheads)	0.08
70	Haryana	Nec/ Not Mentioned	Other than Aspirational	Rural Development	1.95
71	Haryana	Nec/ Not Mentioned	Other than Aspirational	Slum Area Development	0
72	Haryana	Palwal	Other than Aspirational	Education, Differently Abled, livelihood	1.94
73	Haryana	Palwal	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.11
74	Haryana	Palwal	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0.46
75	Haryana	Palwal	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	1.29
76	Haryana	Palwal	Other than Aspirational	Rural Development	0.19

77	Haryana	Panchkula	Other than Aspirational	Education, Differently Abled, livelihood	1.7
78	Haryana	Panchkula	Other than Aspirational	Encouraging Sports	0.1
79	Haryana	Panchkula	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.04
80	Haryana	Panchkula	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0.18
81	Haryana	Panchkula	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	3.52
82	Haryana	Panchkula	Other than Aspirational	Heritage Art And Culture	0.01
83	Haryana	Panchkula	Other than Aspirational	Others	0
84	Haryana	Panipat	Other than Aspirational	Education, Differently Abled, livelihood	1.13
85	Haryana	Panipat	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.15
86	Haryana	Panipat	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	2
87	Haryana	Panipat	Other than Aspirational	Others	0
88	Haryana	Panipat	Other than Aspirational	Rural Development	0.01
89	Haryana	Rewari	Other than Aspirational	Education, Differently Abled, livelihood	2.66
90	Haryana	Rewari	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	2.45
91	Haryana	Rewari	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0
92	Haryana	Rewari	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	5.29
93	Haryana	Rewari	Other than Aspirational	Rural Development	0.95
94	Haryana	Rohtak	Other than Aspirational	Education, Differently Abled, livelihood	6.49
95	Haryana	Rohtak	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.18
96	Haryana	Rohtak	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0.51

97	Haryana	Rohtak	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	3.4
98	Haryana	Rohtak	Other than Aspirational	Rural Development	0.05
99	Haryana	Sirsa	Other than Aspirational	Education, Differently Abled, livelihood	0.04
100	Haryana	Sirsa	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0
101	Haryana	Sirsa	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	0.01
102	Haryana	Sonipat	Other than Aspirational	Education, Differently Abled, livelihood	10.97
103	Haryana	Sonipat	Other than Aspirational	Encouraging Sports	0.11
104	Haryana	Sonipat	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.34
105	Haryana	Sonipat	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0.05
106	Haryana	Sonipat	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	1.31
107	Haryana	Sonipat	Other than Aspirational	Others	0
108	Haryana	Sonipat	Other than Aspirational	Rural Development	0.04
109	Haryana	Yamunanagar	Other than Aspirational	Education, Differently Abled, livelihood	1.1
110	Haryana	Yamunanagar	Other than Aspirational	Environment, Animal Welfare, Conservation of Resources	0.03
111	Haryana	Yamunanagar	Other than Aspirational	Gender Equality, Women Empowerment, Old Age Homes, Reducing Inequalities	0
112	Haryana	Yamunanagar	Other than Aspirational	Health, Eradicating Hunger, Poverty and Malnutrition, Safe Drinking water, Sanitation	0.01
113	Haryana	Yamunanagar	Other than Aspirational	Rural Development	0.08

Annexure - 2

District wise list of PHCs and SHCs in Haryana (as on June 01, 2020). Retrieved from haryanahealth.nic.in

District	No. of PHCs	PHC Location	No. of SHCs
Ambala	22	Mullana, Chaurmastpur, Shahzadpur, Brara, Bihta, Noorpur, Patrehri, Ugala, Kurali, Samlehri, Panjokhara, TharwaMajri, Ambli, Nauhani, Naggal, Boh, Saha, Kesari, Dhanana, Bhurewala, Nanyola, Chandsoli	104
Bhiwani	9	Kairu, Manheru, Jamalpur, Tosham, Loharu, Dhanana, Miran, Nakipur, Chang, Pur, Sui, Dinod, Behal, Biran, Alakhpura, Sohasara, Bamla, Jui, Lilas, Jhumpakalan, Gurera, Barwa, Kharakkalan, Talu, Dhigawa, Sandwa,	144

		Nandgaon, Dhanimahu, Jattan. 144	
Charkhi Dadri	15	Gopi, Bondkalan, Jhojukalan, Maikalan, Hirodi, Manakawas, Ranila, Achina, Santokhpura, Chhapar, Kadma, Balkara, Badhra, Sanwar, Imlota,	76
Faridabad	16	Kurali, Palli Kherikalan, Tigaon, Dhouj, , PunheraKhurd, Mohna, Palla, Anangpur, , Fatehpur-billoch, Chhainsa, Fatehpur -Taga, Sikri , Dayalpur, Khabrakalan, Hijranwankalan 58	58
Fatehabad	24	Bhattukalan, Bhuna, Jakhal, Badopal Ratia, Jhalnia, , Birdhana, Mohamadpurrohi, Samain, Bothankalan, Bangaon, Kulan, Pirthala, Meaondkalan, Nehla, Mamupur, Pilimandori, Nagpur, Indachhui, Hassnga, Mahmara, Aharwan, Khiarati -Khera, Bighar	137
Gurugram	15	Farukhnagar, Bhorakalan, Pataudi, Ghangola, Badshahpur, Bhangrola, Mandpura, Kasan, Gurgaon-Village, Garhi-harsaru, Bhondsi, Wazirabad, , Daultabad, Nakhrola, Palra	76
Hisar	39	Siswal, , Mangali, Aryanagar, Uklana, Mirchpur, Sisaibola, Adampur, Sorkhi, Khanda-Kheri,	200

		Ladwa, Satrodkalan, Dhansu, Pabra, Puttimangalkhan, Neolikalan, Umra, Bass, Puttisamain, Chaudhrywas, Nalwa, Agroha, Kajlan, Dobhi, Gawar, Gurana, Talwandi-Ruka, Datta, Balsamand, Kaimri, Hassangarh, Daulatupur, Chulibagrian, , Landri, Thurana, Banbhori, Bichpari, Kheri-Lohchab, Khandakheri, Sindhar	
Jhajjar	27	Dighal, Dhakla, Jamalpur, Dubaldhan, Badli, Chhara, Jahajgarh, Chhudani, Dujana, Birohar, Matanhail, Silani, Dubaldhan-Majra, Badsha, Mandothi, Machrauli, Bambheva, BahuJholri, Tumbaheri, Jassaurkheri, Jahangirpur, Chhuchhakwas, Salhawas, Nunamajra, Kanonda, Patauda, Bahrana	126
Jind	33	Safidon , Jullana, Kalwa, Kharakramji, Ujhana, Kandela, Muana, Alewa, Gogrian, Shamlokalan, Rajauna-kalan, Amargarh, Deola, Dhatrath, Dhanauri, Dhamtan-Sahib, Chhatar, Ramrai, Jaijaiwanti, Nidhana, Dariyawala, Durjanpur, Dhanodakalan, Hatt, Sinsar, Sawanmal, Dumarkhan-Khurd, Naguran, Karsindhu,	169

		Karamgarh, Dahola, Uchana Kuard, Kinana.	
Kaithal	25	Kaul, Siwan, Rajaund, Pundri, Padla, Bhagal, Dhand, Keorak, Pai, Habri, Mundri, Kangthali, Karora, Deban, Kithana, Rasina, Jakhauli, Kharkan, Batta, Balu,Teek, Arnauli, Pharal, Agondh, Sajuma	144
Karnal	32	Taraori, Nissing, Gharaunda, Kunjpura, Ballah, Kachwa, Nigdu, , Kutail, Khukhni, Madhuban, Jundla, Barsat, Gheer, Barota, Sambhli, Gagseena, Chaura, Bhadson, Uplana, Salwan, Popra, Sagga, Jalmana, Gonder, Gudha, Ramba, Mirghan, Padha, Pardhana, Samana Bahu, Bayana, Munak.	151
Kurukshetra	22	Pehowa, Ladwa, Mathana, Jhansa, Barana, Babain, Pipli, Khanpurkohlian, Thaska-miranji, Dhurala, Siana-Saidan, Kirmach, Ismailabad, Deegh, Kalsana, Tatka, Gudha, Amin, Thol, Ramgarh-road, Barot, Sarsa 118	118
Nuh	22	Nuh, Firozepur-zhirka, Punhana, Ujina, Tauru, Mohammadpur-ahir, Ghasera, , Singar, Pinangwan, Tigaon, Biwan, Marora, Nagina, Padheni, Jorasi, Sikrawa, Sudaka, Jamalgarh,	138

		Bicchor, Bai, Kaliyaka, Bisru	
Narnaul	25	Kanina, Ateli, Nangal-sirohi, Nangal-Chaudhary, Satnali, Sehlong, Deochana, Madhogarh, Antri, Bhojawas, Sirohibihali, Bayal, Sihma, Budhwal, Balaha-kalan, Rampura, Pali, Dhanonda, Mirjapur-Bachhaud, , Mundiya-Khera, Chhilronizampur, Malrawas, Bamanwas, Mandhana, Bigopur	120
Palwal	20	Aurangabad, Hathin, Sondhad, Alawalpur, Dadhola, Rasulpur, Tappabilochpur, Hasanpur, Solra, , Amarpur, Sihol, Mandkola, Uttawar, Naggaljatt, Kalsara, Bulwana, Alika, Kot, Deghot, Bhiduki	89
Panchkula	09	Raipurrani , Pinjore, Morni, Old-Panchkula, Barwala, Hangola, Kot, Nanakpur, Surajpur	51
Panipat	20	Ahar, Dadlana Bapauli, Mathloda , Naultha, Naraina, Khotpura, Siwah, 89 Mandi, Seenkh, Ugrakheri, Pattikalayana, Kavi, Kabri, Ujha, Chulkana, Atta,	89
Rewari	21	Gurawara, Bawal, Nahar, Mirpur, Khol, Jatusana, Dahinajainabad, Dharuhera, Bassauda, Tankri, Fatehpuri, Bharawas, Kasola, Bawwa, Sangwari, Gudyani, Siha, Masani, Gangayacha –ahir,	112

		Bhotawas Ahir, Rathanthal	
Rohtak	24	Kalanaur, Sampla, Kiloi, Chiri, Madina , Kahanaur, Pilana, Bahalaut, Girawar, Mokhra, Behlba, Hassangarh, Ballandh, Pakasma, Baniyani, Lakhanmajra, Sanghi, Kharwar, Samargopalpur, Ghilor-kalan, Farmanabadshpur, Karontha,Ismaila, Lakhan Majra	115
Sirsa	32	Rania, Odhan, Baraguda, Kalanwali Nathusarichopta,, Madhosinghana, Ellenabad, Juttianwali, Malekan, Goriwala, Desujodha, Ding, Panihari, Rori, Darbi, Kharia, Darba-kalan, Jagmalera, Panniwala-mota, Keharwala, Randhawa, Kaluana, Dadu, Ganga, Bani, Dhottar, Jamal, Bhavdeen, Bansudhar, Chautala, Kanwarpura, Kaagdana	157
Sonipat	37	Halalpur, Bega, Farmana, Jakhauli, Dubeta, Murthal, Bidhlana, Moi-majri, Butana-zafrabad, , Rukhi, Madina, , Khanpur- kalan, Banwasa, Butana, Lath, Rohat, Bhatgaon, Mahra, Jagsi, Sisana, Sargathal Shamri, Mohana, Barodamor, Ahulana, Kundli, Rajlugarhi,Dhatoli, Badkhalsa, Ganaur, Juan, Mundlana, Ferozpur-banger ,	164

		Purkhas, Bhainswal-kalan, Gohana, kharkhoda	
Yamuna Nagar	22	Naharpur, Saraswatinagar , Sadhaura, Chhachrauli, Bilaspur, Khizrabad, Radaur, Buria, Arnauli, Kalanaur, Sabepur, Kharwan, Kotmustraka, Muglanwali, Haibatpur, Alahar, Bhambol, Rasulpur, Antawa, Khadri, Ranjitpur, Mohri	112
Grand Total	531		2650