



Enabling Five Million Rural Citizens for COVID Vaccination through CSCs Using the Digital Platform CoWIN

An Impact Assessment Report



Impact Assessment of a Project on Enabling Five Million Rural Citizens for COVID Vaccination through CSCs Using the Digital Platform CoWIN

An Assessment Report

Project ID	C0087-22
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Abbreviations

ANM	Auxilliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CHC	Community Health Centre
CSC	Common Service Centres
CSR	Corporate Social Responsibility
GoI	Government of India
HHs	Households
IDI	In-Depth Interview
IEC	Information, Education and Communication
KII	Key Informant Interview
MI	Monitoring and Impact
VLEs	Village Level Entrepreneurz

Executive Summary

HDFC Bank CSR supported a COVID support project to promote the administration of COVID vaccine in rural areas of India. The existing network of Common Service Centers (CSCs) and Village Level Entrepreneurs (VLEs) was engaged to reach out to the masses and manage a mega drive to help citizens register on the CoWIN platform using the CSC portal. A total of 17,128 VLEs from 656 districts and 32 states were engaged and trained. These trained VLEs were provided with the target of getting 1 million citizens registered on the CoWIN platform and supporting specific segments of the population such as senior citizens, disadvantaged groups, slum dwellers and daily wage labourers in getting themselves registered on the CoWIN platform. The activities of VLEs included awareness generation on the need for vaccination, facilitation of vaccination by getting registered on the platform and regular follow-up through home visits to ensure compliance.

IMPACT PSD was entrusted to undertake the impact assessment study with the following objectives:

- To assess the effectiveness of the vaccination program for needy citizens in the areas of prevention, cure, and survival during the pandemic.
- To understand the impact made in negating the rumors about the vaccination, reducing the spread of the pandemic, and further reducing the associated diseases.
- To understand the usefulness of the CoWIN portal and its effectiveness in registration processes.

Study Coverage

The study was carried out in 17 states across India covering North, East, West, South, Central and North-East regions. A total of 262 village-level entrepreneurs (VLEs) managing their Common Service Centres (CSCs) with support from the CSC Academy, New Delhi were included in this study. Additionally, 458 beneficiaries of the CoWIN registration project were also interviewed to obtain their feedback and assess their experience of the project. To reach as many VLEs as possible, the study used a combination of physical interviews in six states and telephone surveys across all the target states. A semi-structured tool was developed to gather information through interviews.

Salient Findings

Village Level Entrepreneurs (VLEs)

In all, 262 VLEs were covered where 12 were females (5%) and the remaining 95% were males. More than half of the VLEs (52%) were in the age range of 31 to 40 years followed by 32% in 21 to 30 years and the remaining 16% were more than 40 years of age. About 61% of VLEs were educated and completed at least graduation. Only 17% were educated up to postgraduation or higher.

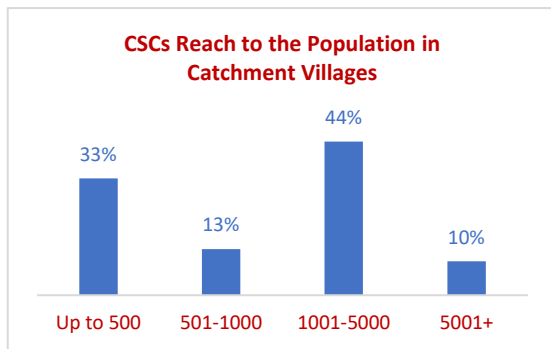
All the VLEs received orientation training on their roles and responsibilities under the CoWIN registration project aimed at enhancing the COVID-19 vaccination on time. Almost all VLEs gave their consent for participation in the project as the majority (86%) felt that they should contribute to a health cause for their people and 73% thought that their CSCs would get due recognition in the community, which would enhance their customer base.

About 91% of VLEs reported that people were aware in their catchment areas that CoWIN registration is mandatory for receiving COVID vaccination. About 68% of VLEs covered the elderly population and women who were facing problems in registration as they usually stayed at home and had limited accessibility to the internet and smartphones. Moreover, VLEs were aware that people were afraid of myths and misconceptions (17%) and faced a lack of awareness of vaccination (17%).

More than three-fifths of VLEs (63%) reported that largely, people who received CoWIN registration facilities at CSCs spread the word about the availability of such facilities within their areas. More than half the VLEs (52%) conducted awareness generation activities and 43% of VLEs attested that their staff had conducted HH visits. About 46% of VLEs shared and disseminated the IEC materials (provided by the CSC Academy) to the community.

More than three-fifths of VLEs (62%) reported they had used posters and wall writings for dissemination of information related to CoWIN registration followed by sharing of IEC materials provided by CSC Academy. VLEs also disseminated information through a mobile van that spread key messages within the villages to motivate people for the COVID vaccination and inform about the availability of registration at the doorstep, through CSCs.

About 97% of VLEs were in agreement that CSCs played a pivotal role in enhancing the registration of people on CoWIN portal through their centres.



More than half the VLEs (54%) could spread the awareness to approximately more than 1000 people across their catchment villages. 33% of the VLEs were those who reached around 500 people or less than 500. One in 10 VLEs (13%) reported reaching 500 to 1000 people.

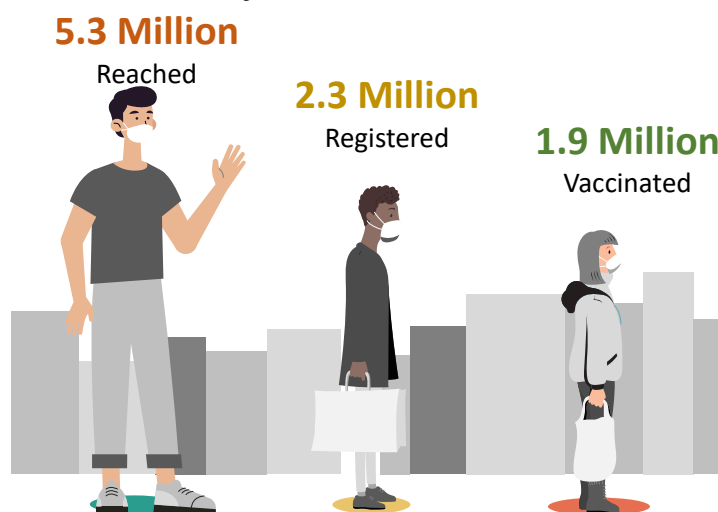
More than half the VLEs (54%) made extra efforts to disseminate the information regarding the availability of registration facilities through CSCs.

Two-fifths of VLEs (47%) were able to facilitate up to 500 CoWIN registrations, followed by another 39% of VLEs were able to register between 500 to 1000 persons. An almost equal proportion of VLEs registered 1000-5000 (8%) persons and 5000+ persons (6%).

The assessment confirmed that the proportion of people who received vaccination directly matched with the proportion of people registered at CSCs which indicates that all who registered on the CoWIN portal at CSCs also received COVID vaccination.

Findings revealed that on an average, each VLE was able to reach a population of 3,102, of which on average 1,340 registered themselves on the CoWIN portal with a conversion rate of 430 per 1000 reach. Of those who registered, on average, of those who registered, 85% received COVID-19 vaccination. Impressively, for 89% of VLEs registration to vaccination conversion rate was 100%. With over 17,000 VLEs engaged in the project, the estimated reach of the project was 5.3 million, successfully vaccinating 1.9 million people.

Project's Achievement



About 28% of VLEs included in this study had COVID vaccination point at their CSCs which indicates that CSC is a known place for villagers and HDFC Bank supported project had appropriately considered using VLEs for the CoWIN registration. Among the 90 VLEs who were physically covered in 6 states, 40% had vaccination centre at their CSCs.

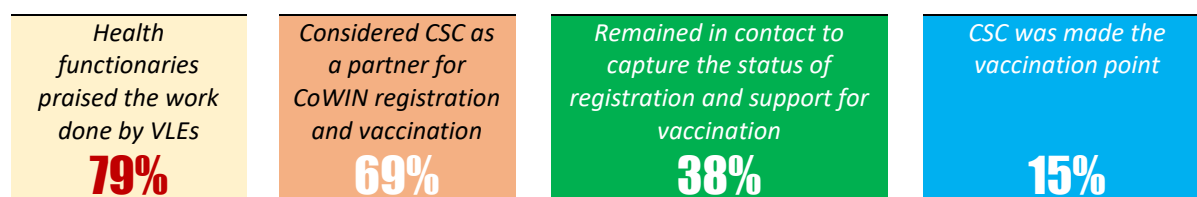
96% of VLEs confirmed that people preferred CSCs for the CoWIN registration for COVID-19 vaccination.

Almost all (99%) VLEs perceived that engaging VLEs or CSCs for registering people on the CoWIN portal was helpful. The project could attract people to get registered and get vaccinated through CSCs.

As many as 82% of VLEs were of the opinion that using VLEs was useful as CSCs had better reach through their contacts and they also conducted IEC activities. A sizeable proportion of VLEs (66%) stated that CSCs involvement was rewarding as they have better understanding of their geography, language and practices within communities.

More than half of the VLEs (55%) felt that CSC staff and VLEs are trained in computer operations that also played a catalytic role in the implementation of the CoWIN registration drive. Nearly half of the VLEs (48%) were of the opinion that CSCs must be involved in the implementation of other government programs as CSC is a government entity.

Of all 258 VLEs included in the assessment, 79% mentioned that the health functionaries in their geography were appreciative of their initiatives and efforts for motivating people for the CoWIN registration. More than two-thirds (69%) considered and involved VLEs as their potential partners to a noble cause in motivating people to come forward and get themselves registered on CoWIN portal for the COVID vaccination.



ALL VLEs EXPRESSED THEIR DESIRE TO JOIN HANDS WITH ANY COMMUNITY SUPPORT PROGRAM LIKE THE CoWIN REGISTRATION SUPPORT PROJECT FUNDED BY HDFC BANK.

Findings from Beneficiaries

A total of 458 beneficiaries were interviewed across six states in India. Almost equal proportion of men and women were covered (51% vs 49%). All the beneficiaries covered by CSCs got vaccinated for COVID and availed CSC services for the CoWIN registration. The COVID vaccination status of beneficiaries is as follows:

Two Doses	Two doses + Booster dose	Only one dose
70%	23%	7%

The project was pertinent in terms of leveraging CSCs/VLEs to improve CoWIN portal registration, which in turn helped to improve COVID vaccination throughout the project locations. The success of the higher coverage of vaccination can be directly attributed to the project as VLEs facilitated the process of CoWIN registration for these beneficiaries.

The key sources of information that registration at CoWIN portal is mandatory for receiving the COVID vaccination included friends/family/relatives (56%) and VLEs/CSCs (55%). **Four out of five (80%) of beneficiaries claimed that they were facilitated and helped by VLEs/CSCs for their registration on CoWIN web portal. Nearly all beneficiaries (98%) stated that CSCs/VLEs were crucial in making the CoWIN portal registration process easier."**

Three fourth (71%) of beneficiaries suggested that CSCs facilitated the process of registration on CoWIN portal and 63% thought that the process of registration on CoWIN portal was very quick and time saving.

All (97%) of the beneficiaries confirmed that they had paid the fee for the registration on CoWIN portal. Of these, 79% had spent INR 10, 7% paid INR 20-25 and 11% could not recall the amount. This indicates that VLEs charging a nominal fee for facilitating the process of CoWIN registration was financially viable for VLEs.

When asked about their feedback, 78% of beneficiaries gave the rating of 4 or more out of 5 to CSCs for supporting them in the CoWIN registration and the vaccination process.

Chapter 1 - Introduction

HDFC Bank CSR – Parivartan Program

HDFC Bank helps in transforming the lives of millions of Indians through various social initiatives. HDFC Bank has a comprehensive program named 'Parivartan' aiming to contribute towards economic and social development by sustainably empowering its communities. The Parivartan program has been a catalyst in making a difference in the lives of people through its interventions in the areas of rural development, education, skill development and livelihood enhancement, healthcare & hygiene, and financial literacy.

Under Parivartan, the bank has a flagship "**Holistic Rural Development Program (HRDP)**" focused on Rural Development and caters to the needs of the rural communities in multiple focus areas. Another support program is the "**Focused Development Program (FDP)**" through which the Bank identifies an implementing partner with expertise in one of the focus areas and implements the intervention to improve the lives of the target groups with respect to the focus area. The progress of all the projects under these HRDP and FDPs are assessed through systematic routine monitoring and independent evaluations to assess the effectiveness of projects.

HDFC Bank Parivartan also has one of the mission mode projects "Common Services Centre (CSC) scheme" under the Digital India Programme. Under the Digital India programme formulated by the Ministry of Communication and Information Technology, Government of India, the CSCs are conceptualized as ICT-enabled, front-end service delivery points for delivery of Government, Social and Private Sector services in the areas of agriculture, health, education, entertainment, FMCG products, banking and financial services, utility payments, etc.

One of such projects implemented under CSC Academy was to engage CSCs in facilitating registration for COVID-19 vaccination within their catchment areas.

About the CoWIN Registration Project

HDFC Bank CSR supported a COVID support project to promote the administration of COVID vaccine in rural areas of India. It was envisaged that the existing network of Common Service Centers (CSCs) and Village Level Entrepreneurs (VLEs) be engaged to reach out to the masses and manage a mega drive to help citizens register on the CoWIN platform using the CSC portal. For this purpose, 17,128 VLEs from 656 districts and 32 states were engaged and trained. These trained VLEs were provided with the target of getting 1 million citizens registered on the CoWIN platform and supporting specific segments of the population such as senior citizens, disadvantaged groups, slum dwellers and daily wage labourers in getting themselves registered and subsequently getting vaccinated. The activities of VLEs included awareness generation on the need for vaccination, facilitation for registration on the CoWIN portal regular follow-up through home visits to ensure compliance.

HDFC Bank CSR entrusted IMPACT PSD to conduct an impact assessment study of the program with robust research methods and the current document is the impact assessment study report.

Objectives of the Study

The impact assessment was designed and conducted to accomplish the following objectives:

- To assess the effectiveness of the vaccination program for needy citizens in the areas of prevention, cure, and survival during the pandemic.
- To understand the impact made in negating the rumours about the vaccination, reducing the spread of the pandemic, and further reducing the associated diseases.
- To understand the usefulness of the CoWIN portal and its effectiveness in registration processes.

The ensuing chapters of the report present the details of the study methodology, salient findings and assessment results.

Chapter 2 – Study Methodology

The research methodology, sampling, study implementation strategy, and data management are all covered in detail in this chapter. The following sections are explained in a way that breaks down the information into its component parts.

Conceptual Framework

IMPACT PSD proposed to use the standard OECD-DAC criteria¹ which is considered as one of the gold standards in evaluation. This framework recommends evaluating a program under six sub-heads as depicted in the illustration as follows:



This framework helped in framing the specific evaluation questions, which were used to develop the tools and analyse the collected data. To implement this framework, we developed research questions that were required to assess each component of this framework. A set of sample research questions were proposed as given below, and were finalized in consultation with the HDFC MI team.

Evaluation Component	Suggested Research Questions
Relevance	Was there a need for educating people on COVID vaccination
	Are people aware of CoWIN Platform
	What is the opinion of VLEs on the usefulness of engaging VLEs for improving COVID vaccination
Coherence	Acceptability of CSC support among GP population
	Usefulness of the intervention, as perceived by the health workers
Efficiency	Number of people reached by VLEs for promoting CoWIN platform
	Number and type of awareness generation materials used
	Conversion of reach to registration on CoWIN platform
Effectiveness	Conversion of registration on CoWIN to vaccination
	Effectiveness of the intervention as perceived by the health functionaries

¹ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Evaluation Component	Suggested Research Questions
Impact	Vaccination rate of the CSC GP, as compared to other GPs
	Impact of the intervention on utilization of other services available at the CSCs
	To what extent the CSC improves the access to information and services for vulnerable groups including women and marginalized communities
Sustainability	Willingness of VLEs in engaging further in such drives
	What other services VLEs would like to include in their service provisioning which are currently not included in CSC mechanism
	Willingness of health system to engage VLEs in promoting other services

These research questions were finalized and then translated into quantitatively measurable indicators. These indicators were then fed into developing the tools.

Study Indicators

The following outcome indicators were aimed for assessing the impact of the program:

- Number of people reached by VLEs
- Perception of VLEs on awareness of people on CoWIN registration
- Proportion of beneficiaries were supported with clarifications and myths & misconception related to COVID vaccination
- Proportion of VLEs opined that people accepted the CSC support
- Proportion of VLEs found satisfied with the usefulness of the project for registration of people

Study Phases

Step 1	Step 2	Step 3	Step 4
Design and Development	Study Implementation	Data and Content Analysis	Documentation and Reporting
<ul style="list-style-type: none"> ○ Sampling ○ Tools development ○ VLEs data procurement 	<ul style="list-style-type: none"> ○ Planning for implementation ○ Field Planning ○ VLEs and Beneficiaries' Interviews ○ Follow-ups, validations and quality checks of data 	<ul style="list-style-type: none"> ○ Data Management (Scrutiny, Cleaning and Processing, tabulation) ○ Development of analysis framework ○ VLEs/Beneficiaries' data analysis 	<ul style="list-style-type: none"> ○ Documenting results ○ Report writing ○ Presentation

Research Methods

A mixed methods approach was followed wherein both quantitative and qualitative data was gathered through individual interviews with selected VLEs and beneficiaries and the program implementation team members. The data related to VLEs was shared by CSC Academy which was used for the analysis and sampling purposes.

Target Groups

Following target groups were included in the study:

- VLEs
- Beneficiaries (who got registered at CSC such as elderly population and women)
- Stakeholders

Sample Size and Selection Procedure

Under the project, 656 districts were covered across 32 states where 17,128 VLEs were provided with the orientation on project requirements and their role in facilitating the CoWIN registration through IEC activities. Considering the large PAN India coverage, we proposed to cover more than 50% states (16) covering North, East, West, South, North-East and Central regions.

Sample Size

Identification of the statistically valid sample size for the impact assessment was undertaken considering 90% confidence interval and 5% margin of error were considered and a sample size of 226 was determined. Considering a few non-response cases, a sample of 240 VLEs was proposed. Considering the vast coverage, physical visits to all the states was not possible due to logistics constraints and time availability. Thus, it was proposed to cover 160 VLEs through telephonic survey covering 16 states and 80 VLEs through physical visits across 6 States. During the physical visits, 5 beneficiaries of each selected VLE was also interviewed to reach a figure of 400 beneficiaries. Hence, a total of 240 VLEs and 400 beneficiaries were targeted under the impact assessment study.

The following sample process was adopted for the selection of VLEs for the study:

- Initially, a list of VLEs with CSC Ids was obtained from CSC Academy and sorted by states.
- Sample selection for VLEs was undertaken by states from all the zones (North, East, West, South, North-East and Central) using simple random sampling for each telephonic survey as well as physical visits. Under the project, the highest proportion of VLEs (44% out of all 17,129) were from UP due to which more VLEs were covered in UP.
- Both the separate lists were shared with CSC Academy with a request to provide contact details including name, address and mobile numbers for accessing the VLEs.
- Upon receiving the contact details, the VLEs were contacted over phone under both the segments— (a) Telephonic Survey and (b) Physical visits.
- During physical visits, VLEs were requested to identify the villages supported for the CoWIN registration in the catchment areas and help in facilitating the process for conducting the interviews. The beneficiaries were randomly identified within the villages.

Sample Coverage

The sample coverage has been shown in the following table:

Sample by Type	Total (Nos.)
Number of States Covered - Physical Visits	6
VLEs	90
Beneficiaries	458 (235 men and 223 women)
Number of States Covered - Survey	16
VLEs	172

In all, 262 VLEs were covered against the targeted figure of 240 and 458 beneficiaries. The number of states covered under both the segments are shown in the following table.

Physical Visits	Telephonic Survey
Andhra Pradesh	Andhra Pradesh
Assam	Assam
Chhattisgarh	Bihar
Maharashtra	Chhattisgarh
Uttar Pradesh	Haryana
West Bengal	Jharkhand
	Madhya Pradesh

Physical Visits	Telephonic Survey
	Maharashtra
	Odisha
	Punjab
	Rajasthan
	Tamil Nadu
	Telangana
	Uttar Pradesh
	Uttarakhand
	West Bengal

Development of Study Tools

Quantitative study tools for VLEs and beneficiaries were developed for the data collection and finalised along with HDFC Bank MI team. The tools were further scripted for CAPI and translations in Hindi, Assamese, Odia, Telugu and Bangla were undertaken for the data collection teams. All the translated tools for VLEs and beneficiaries were pre-tested in each state initially to see the flow and smoothness of survey by the researchers. Later, the scripted tools were shared with the data collection teams for the data collection.

Team Deployment

For the **phone-based survey**, a team of 8 investigators was deployed wherein 2 were in Delhi and 6 were in other states. For **physical site visits**, a team consisting of 2 persons was deployed to cover one VLE and 5 beneficiaries in one day. Thus, 6 teams were deployed (one per state) and each team were assigned with 15 VLEs for the data collection.

All the team members identified for the telephonic survey and physical visits were having experience of more than 3 years and graduate or more in any discipline. All the team members were those who could speak the local dialect for the region allocated to them. The telephonic interviews and physical visits were organized simultaneously.

Training of Data Collection Teams

A one-day training of data collection teams was undertaken for all the team members. All the team members were guided through the process of data collection, the need for the impact assessment, roles and responsibilities, consent seeking and interviewing mechanism, quality assurance, and field planning for the data collection. The training of data collection teams was facilitated by the senior management along with a dedicated researcher who was coordinating the entire study.

Post training, the data collection was initiated immediately from the next day. During the physical visits, delays were observed in couple of districts due to non-availability of VLEs.

Implementation Process

Following process was adopted for conducting the impact assessment:

- At first, the lists with mobile contacts and addressess of CSCs were obtained from CSC Academy in close association with the HDFC Bank MI team.
- All the selected VLEs were initially contacted to inform the date and time of visit to check their availability and seek appointments. The time was fixed during the initial calls prior to the physical visits.
- Under telephonic survey, the VLEs were provided with the introduction and then consent was obtained for the interview. Wherever VLEs requested to call at a specified time, the calls were managed according to their convenience.

- For physical visits, all the VLEs were requested to guide the directions and landmarks to reach them timely without facing challenges.
- Upon reaching CSCs, VLEs were contacted and interviews were undertaken.
- Post interview of VLEs, the VLEs were requested to facilitate the access to the beneficiaries who got registered at their CSCs for seeking their opinion and assess their experience with the support offered by VLEs under the project.
- At the end, all the respondents were duly acknowledged for their time and support for the assessment study.
- All the data were collected on CAPI and uploaded on regular basis and the researcher at IMPACT downloaded and quality assurance checks were administered to provide feedback, if required.
- Final data was downloaded at IMPACT and saved onto the external folder and only designated official processed the data for tabulation and frequency runs.

Data Management and Report Writing

All the collected data was processed at IMPACT PSD office. The data was duly scrutinized, processed and analysed on MS Excel and SPSS Version 26. Post analysis, the information was synthesized and possible interpretations were made in the report. Data analysis guidance was provided and complete report writing was exclusively undertaken by senior researchers.

Challenges Faced

- Frequent postponement of appointment by VLEs due to their business hours.
- Non-availability of VLEs during the working hours in a day time as they get involve in other works (agriculture, agents for banks and insurance companies, and any other business) also.
- Inability to recall things by VLEs as the project was administered during the 2021 and it would be difficult to recall and provide responses.
- Many mobile contacts were found 'not available at the current time' or 'out of coverage area' and a very few were wrong numbers or don't exist.

Chapter 3 – Study Findings

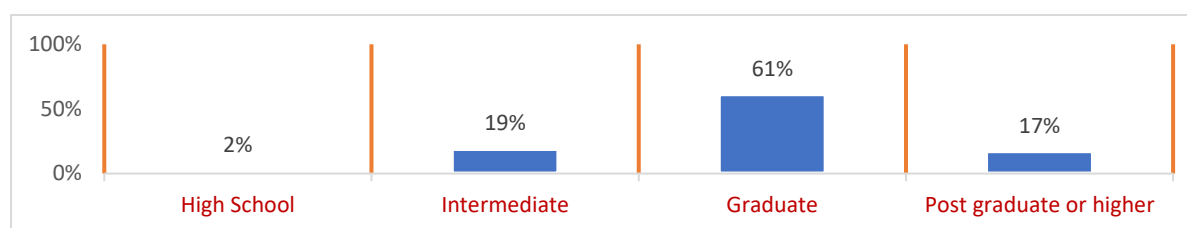
This chapter provides the impact assessment findings synthesized from the data obtained from various targeted respondents by components such as profile, services and client details. Towards the end, the views and experiences of project beneficiaries are also discussed.

A. Findings from Village Level Entrepreneurs (VLEs)

A. Socio-demographic Profile

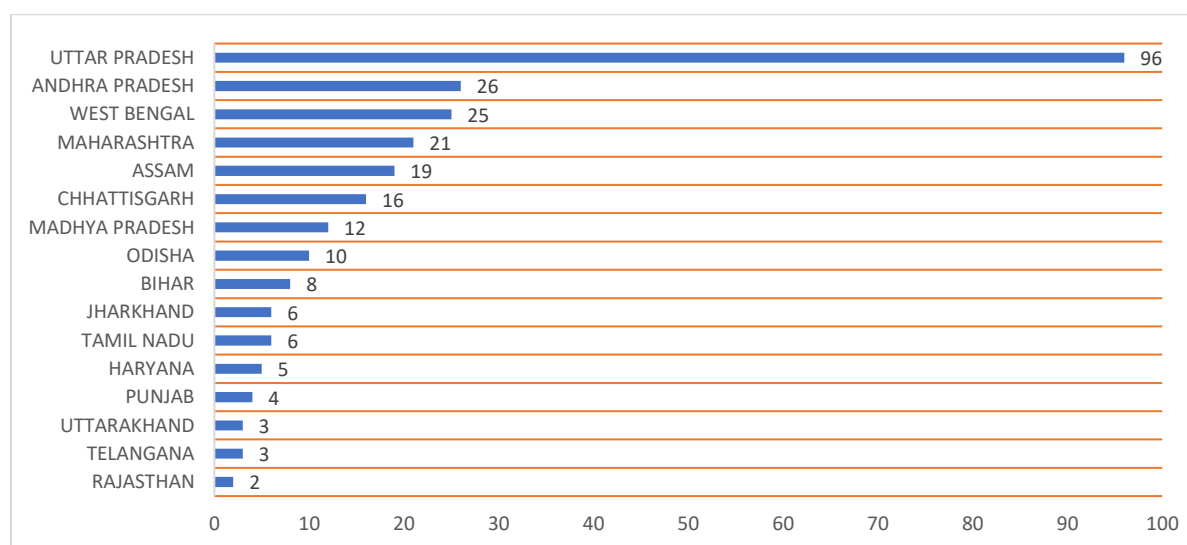
Of all 262 VLEs, more than half the VLEs (52%) were in age range of 31 to 40 years followed by 32% in 21 to 30 years and remaining 16% were more than 40 years of age. With respect to age, though total females are less in numbers, 2 out of 3 (67%) were in the age group of 31 to 40 years. However, only one girl aged 21 years was found working as VLE at Murshidabad in West Bengal. Findings suggest that a three out of four VLEs (78%) are educated and having higher education up to postgraduate or graduation level. Remaining had completed high school or intermediate level. This indicates that VLEs are educated and understand their work and offer services to customers. Following graph provides the glimpse of educational attainment of VLEs.

Graph 1: Educational Attainment of VLEs (N=262)



A total of 262 VLEs were covered under the impact assessment across 16 states out of 32 covered under the project. Of these 262 VLEs, 90 were covered through physical visits and the remaining 172 were contacted over the phone. More than one-third (37%) of VLEs were covered in Uttar Pradesh in both physical as well as telephonic surveys. The following graph portrays the distribution of VLEs covered by states.

Graph 2: Distribution of VLEs by States (N=262)



CSC Coverage by VLE's

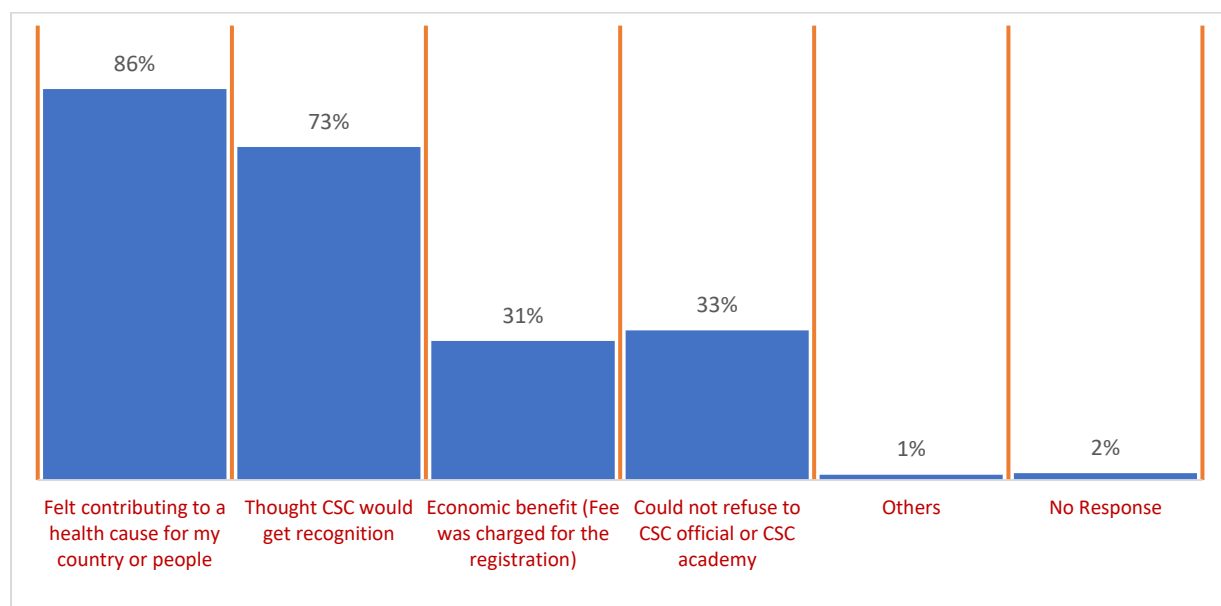
Out of 262 VLEs interviewed, 126 (48%) had at least 2 staff members for providing services to customers at CSCs other than VLEs. A quarter of VLEs (N=66; 25%) were those who were providing services themselves without any staff. About 70 VLEs (27%) reported having 3 or more staff members catering to the needs of customers.

Information on geographical and population coverage highlighted that over half (52%) of CSCs were servicing somewhere between 1000 to 5000 households; about 1 out of 3 CSCs (35%) were covering up to 1000 HHs and the remaining 13% were serving over 5,000 households which would amount to roughly 25,000 population. More than half the CSCs (57%) reported covering 1 to 5 villages followed by 3 out of 10 (30%) had 6 to 10 villages in and around their centre. Some of these villages may not be the revenue villages and possibly, hamlets in and around revenue villages.

Receipt of Training

About 98% of the VLE'S interviewed revealed that they were given some level of training/orientation on the type of activities to be carried out as part of the intervention to enhance the registration on the CoWIN portal. All these VLEs attested that they provided the services for CoWIN registration at their CSCs. About 95% of the VLEs stated that their consent was obtained prior to their inclusion in the project and the following graph shows the key reasons for giving their consent to participate in the project.

Graph 3: Key Reasons for Providing their Consent to be a Part of Project (N=258)



On further enquiry, almost all VLEs were in agreement that the elderly population and women were their key target population that was covered under the project. More than half the VLEs (53%) reported having migrants in their areas who were also targeted for registration. Slum dwellers were also available in their catchment areas reported by VLEs in UP, Maharashtra and West Bengal.

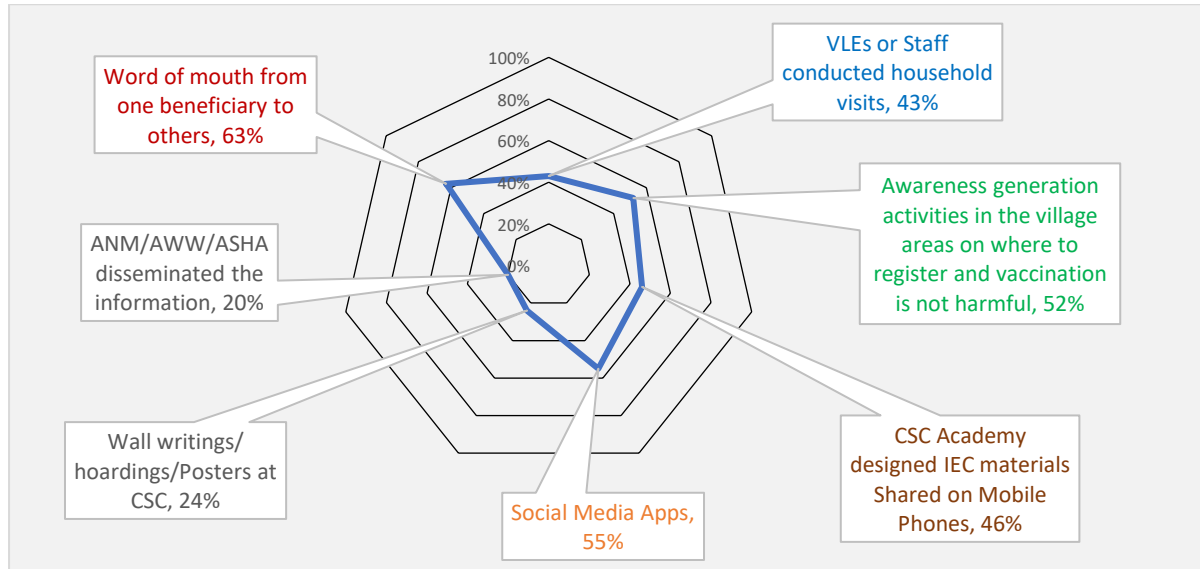
About 91% of VLEs reported that people were aware in their catchment areas that CoWIN registration is mandatory for receiving COVID vaccination.

More than two-thirds (68%) of VLEs shared that the elderly population and women were facing problems in registration as they stayed at home with limited mobility and access to smartphones and/or the internet. However, people were also afraid of myths and misconceptions and lacked awareness on vaccination (17% each). About 14% of VLEs mentioned that poor internet connectivity or signal issues were the key problems faced by people.

Mode of Communication about CoWIN Registration

VLEs were asked about the communication channels they adopted to reach out to the community to inform about the CoWIN registration facility at CSCs. Largely, people who received registration facility at CSC spread the information about the availability of CoWIN registration facility at CSC as shared by more than three-fifths of VLEs (63%). Following illustration shows the key modes of communication for the community.

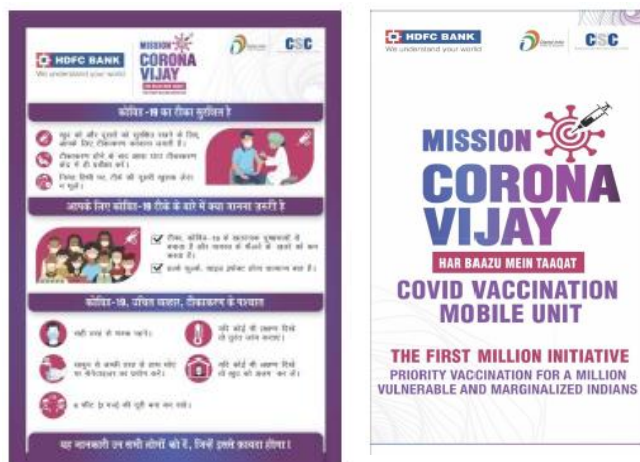
Graph 4: Potential Modes of Communication for Community (N=258)



Evidently, awareness generation was the key communication channel through which community was informed about the CoWIN registration for the COVID-19 vaccination. As informed, people were informed about the importance of receive the vaccine and clarifications on myths and misconceptions regarding vaccination. Close to half (46%) VLEs shared the CSC supplied digital IEC materials on mobile phones which actually helped people in understanding the importance of COVID vaccination and how CSC is supporting people by providing CoWIN registration facility through CSCs. Almost 2 out of 5 VLEs (43%) stated that their staff members also visited HHs to generate awareness as well as inform about CSC role in providing assistance in CoWIN registration. A quarter of CSCs (24%) also said that people could get information about the CoWIN registration facility and why COVID vaccination is essential for every adult individual through posters and wall writings.

Awareness Generation Activities Among Beneficiaries

More than three out of five VLEs (62%) reported they had used posters and wall writings for dissemination of information CoWIN registration followed by sharing of digital IEC materials provided by CSC Academy. VLEs also disseminated information through a mobile van that disseminated key messages within the villages so that people get motivated for the COVID vaccination and that they can get registered and vaccinated at CSCs.

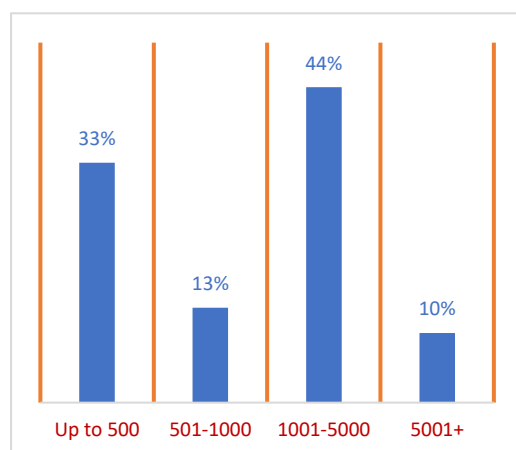


About 97% of VLEs were in agreement that CSCs played a pivotal role in enhancing the registration of people on the CoWIN portal through their centres.

Project's Reach through CSCs

One of the key aspects verified under the assessment was to assess the project's reach through VLEs (or CSCs) in terms of dissemination of information and awareness generation in their catchment villages. All the VLEs were asked to specify the population size to which they think they had reached, using various channels. The following graph portrays the status of reach of their dissemination of information on COVID vaccination as well as the process of CoWIN registration at CSCs.

Graph 5: Population in Catchment Villages of CSCs (N=258)

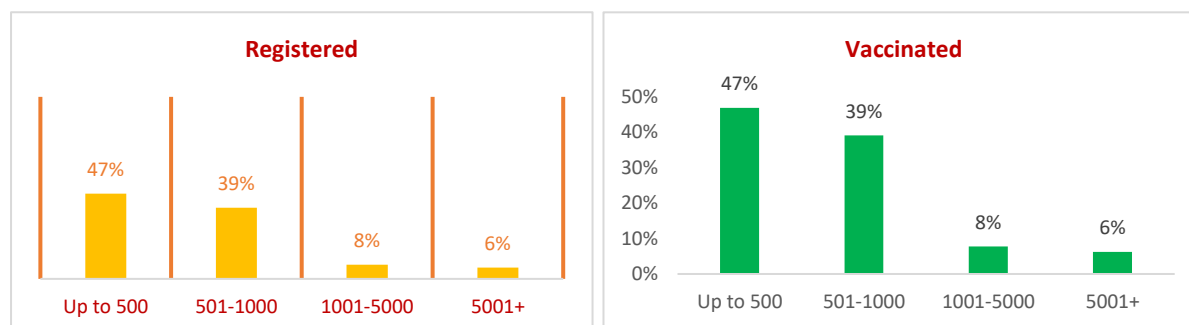


It is important to note that due to project activities, more than half the VLEs (54%; 138 out of 258) undertook awareness generation covering more than 1000 people in each of their catchment villages. However, 86 VLEs (33%) were those who reached to around 500 people in their catchment villages. One in 10 VLEs (13%; N=34) reported reaching 500 to 1000 people.

Thus, it can be seen that more than half the VLEs (54%) took extra efforts in disseminating the information for using CSCs to get the CoWIN registration done and avail COVID vaccination.

An attempt was made to assess the number of people VLEs helped with the CoWIN registration facility under the project as well as how many of those eventually received COVID vaccination. The following graphs indicate the proportion of people who were facilitated for registration and those who received vaccination.

Graph 6: People Registered at CSCs versus Received Vaccination



Two out of five VLEs (47%) reported facilitated in registering up to 500 persons on CoWIN portal, followed by another 39% of VLEs who were able to register between 500 to 1000 people. There were almost equal proportion of VLEs registering 1000-5000 (8% VLEs) and 5000+ people (6% VLEs). The findings on the receipt of vaccination as compared to the registered people was almost matching. This indicates that everyone who registered on CoWIN portal through CSCs, also got themselves vaccinated.

On average, each of these 258 VLEs could reach a population of 3,102, of which registration on the CoWIN platform was facilitated for 1,340 persons, with a conversion rate of 43%. Among the average 1,340 persons who got themselves registered, 1,140 people (at the rate of 85%) also received the COVID vaccination. Specifically, a total of 800,362 people were reached and 345,838 people got registered at CSCs. Of those registered, 294,096 took the vaccination.

Among all VLEs (N=258), more than a quarter (28%) had COVID vaccination points at their CSCs which indicates that CSC is a known place for villagers and the project had appropriately conceptualized using VLEs for the

CoWIN registration. Among the VLEs who were physically interviewed (N=88), 40% (N=35) had set up vaccination centres at their CSCs.

About one-third of VLEs (34%) mentioned that some people had doubts and therefore were avoiding COVID vaccination. When prompted for the reasons for the same, 90% of VLEs stated that people were afraid of high fever and other side effects, followed by 73% shared that largely people had belief on myths associated with the newly developed vaccine and not sure about the side effects. About 18% of VLEs mentioned that people moved to towns and metro cities for the vaccination considering that they would get better quality vaccine in the cities. Another 15% stated that there were few HHs who were objecting and restricted their family members to opt COVID vaccination as the preventive measure.

A significant proportion of VLEs (96%) attested that people preferred CSCs for the CoWIN registration for COVID-19 vaccination. This proves the effectiveness of the project in registering the beneficiaries

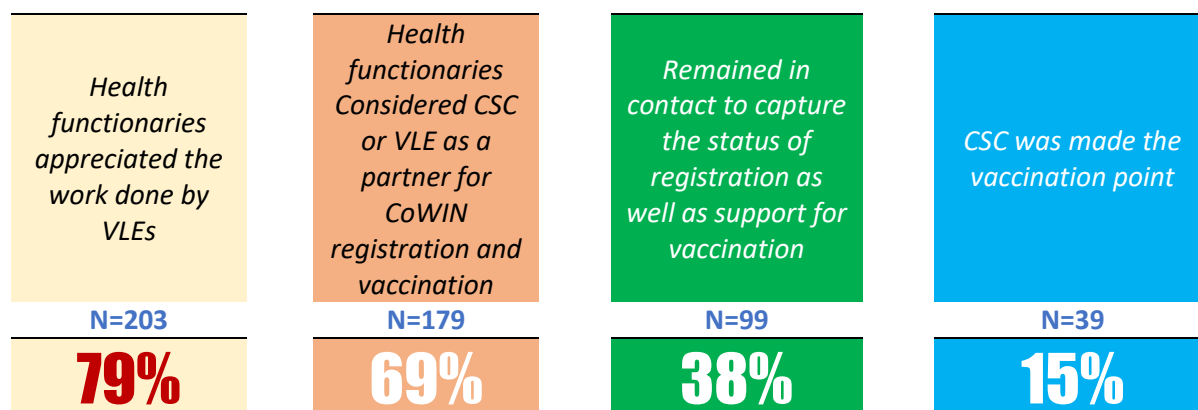
Almost all (99%) of VLEs mentioned that it was relevant that VLEs/CSCs were engaged in registering people on the CoWIN portal. This initiative motivated many people to get registered and vaccinated at the doorstep.

Relatively higher proportion of VLEs (82%) were of the opinion that using CSCs or VLEs was much more useful as CSCs have better reach and can effectively implement various IEC activities. Two out of three VLEs (66%) stated that CSCs involvement was rewarding as VLEs and staff have better understanding of their geography and people about their language, practices and limited level of knowledge on COVID related aspects. CSCs implemented the activities using their knowledge about their geography and motivated people to visit CSCs for the CoWIN registration.

It is encouraging to note that the VLEs had acceptance for the effective implementation of CoWIN registration project. More than half the VLEs (55%) felt that CSC staff and VLEs are trained in computer operations and using internet services which actually played a catalytic role in the implementation of a drive for CoWIN registration. Nearly half the VLEs (48%) thought that CSCs must be involved in the implementation of other government programs as CSC itself is a government entity.

Perception of VLEs for Health Functionaries on Receiving CSC Support

In such similar programs, it was important to assess the reactions of health functionaries from the area, as CSCs were essentially supporting them in achieving their target. Of all 258 sampled VLEs, more than three-fourths (79%) mentioned that health functionaries in their geography were appreciative of their initiatives and efforts of motivating people for the CoWIN registration. More than two-thirds of VLEs (69%) stated that health functionaries considered them as their partners to a noble cause of motivating people to come forward and get themselves registered on the CoWIN portal for the COVID vaccination. The support provided by VLEs helped health functionaries in addressing people's concerns and redressal of their queries on COVID related myths and misconceptions, which significantly improved the acceptance of COVID-19 vaccine.



VLEs also specifically mentioned that health functionaries remained in contact with them to get the updates on the progress in registration, almost on a daily basis and were supporting them, wherever required to further convince the defaulters. The coordinated work between CSCs and health functionaries proved to be rewarding as they could plan their strategies at the local level to optimize the registration and vaccination.

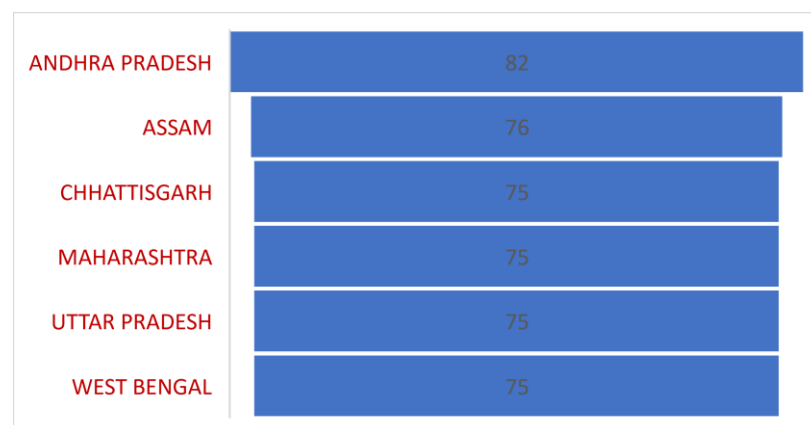
Though low, 39 VLEs (15%) informed that health functionaries designated their CSCs as the COVID vaccination points which smoothly helped the community to not only register for vaccine but also get the vaccination.

All VLEs expressed their desire to join hands for any community support program like the CoWIN registration support project funded by HDFC Bank.

B. Findings from Beneficiaries

Under this impact assessment study, direct beneficiaries of the project i.e. those who got registered at the CoWIN portal through CSCs were also included to seek their feedback on the services they received. This section presents the analysis of the data obtained through the interviews of beneficiaries. Since these were physical interviews, these were conducted in 6 states, as depicted in the graph below.

Graph 7: Distribution of Beneficiaries by States



In total 458 beneficiaries were interviewed across six states and almost equal proportion of men and women were covered (51% vs 49%).

Four out of five beneficiaries (80%) interviewed during the study claimed that they were facilitated and helped by VLEs/CSCs for their registration on the CoWIN web portal. On enquiry, it was observed that all

these beneficiaries were reached by VLEs and everyone got vaccinated for COVID, with at least one dose. The vaccination status of beneficiaries is depicted below:



Encouragingly, a higher proportion of beneficiaries (93%) were adequately vaccinated, which can be safely attributed to the project. The achieved coverage demonstrates the effectiveness of the engagement of VLEs.

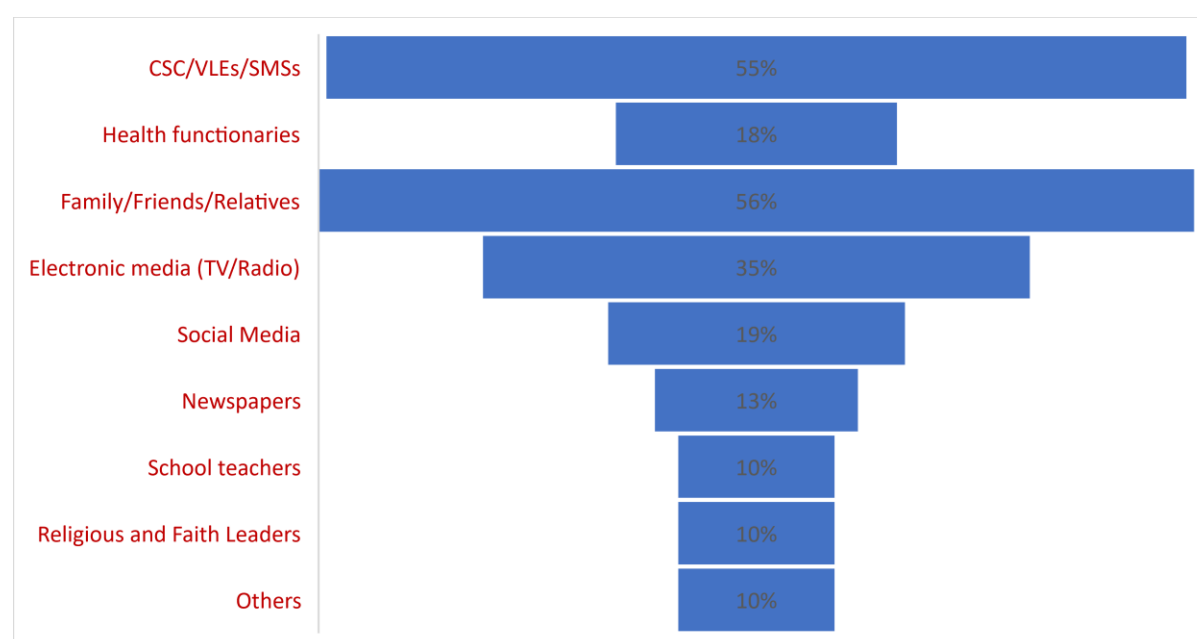
Assessment on access to mobile phones revealed that only two out of five beneficiaries (41%) had their personal smartphone at the time they used the CoWIN portal at CSCs and this data reflects the high relevance of the project. The other 69% who did not have a smartphone would have certainly struggled to get themselves registered in the absence of support from CSCs. Of those who had personal smartphones, there were 61% men and 39% were women. Of these beneficiaries with personal smartphones, only 26% had the CoWIN app on their mobiles but they still opted for the CSC services and facilitation, further emphasizing the need for such an intervention.

This shows that the project was relevant in terms of leveraging CSCs and VLEs to improve CoWIN portal registration, which in turn helped to improve the coverage of COVID vaccination throughout the project locations.

Awareness Related to Registration on CoWIN for COVID Vaccination

When asked whether these beneficiaries were aware that registration is mandatory on CoWIN portal for the COVID vaccination, only 3 out of 5 beneficiaries (61%) demonstrated their agreement. However, 8% of beneficiaries were not sure whether they had such awareness at that time. Beneficiaries were posed with a question about the source of information that registration at the CoWIN portal is mandatory for receiving the COVID vaccination. Most common sources of information was mentioned by more than half the beneficiaries (55%-56%) were VLEs/CSCs and friends/family/relatives (56%). The following graph shows the sources of information.

Graph 8: Sources of Information for Beneficiaries regarding CoWIN Registration



The other sources of information also got some mention such as electronic media, social media, teachers, religious and faith leaders and health functionaries.

Problems Faced in Registration on CoWIN Portal

An enquiry was made to assess the type of problems and issues faced by the beneficiaries in getting themselves registered on CoWIN portal. Upon asking the issues and problems, three out of five beneficiaries (61%) did not face any problem or issue while registering themselves on the CoWIN platform. This further strengthens the fact that VLEs successfully facilitated the process of registration. However, some of the beneficiaries reported problems such as long queues (26%), delays in completing the total process of registration (22%) and lack of awareness about the procedures (11%).

“Nearly all of the recipients (98%) stated that the CSCs/ VLEs played a crucial role in making the CoWIN portal registration process easier.”

In support of their response, 71% of these beneficiaries expressed that CSCs appropriately facilitated the process of registration on the CoWIN portal, and another 63% thought that the process of registration on the CoWIN portal was very quick and time-saving, due to facilitation from VLEs.

About 97% of the beneficiaries confirmed that they had paid the fee for the registration on the CoWIN portal and among these more than three-fourths (79%) had spent INR 10 and 7% paid INR 20-25. Further, 11% could not recall the amount they paid. This indicates that VLEs also received a nominal fee for facilitating the process of registration which made this engagement financially viable for the VLEs.

Usefulness of VLEs Engagement for the beneficiary Registration on CoWIN portal

Four out of five beneficiaries (82%) were in agreement that the engagement of VLEs in the CoWIN registration process was useful. Their feedback established that VLEs at CSCs were very helpful in reaching out to a large number of people and geography which otherwise would have been challenging (58% of respondents felt this). However, two out of five beneficiaries (39%) mentioned that as VLEs and CSC staff are trained in computer operations and internet use, they were the appropriate people to have engaged in helping the people register themselves. More than two-fifths (46%) had an opinion that VLEs and their staff understand the geographical areas due to which they could reach to more people, motivate them for the COVID vaccination and inform them about the process of the CoWIN registration at their CSCs.

These beneficiaries were asked to rate the services they received from the CSCs on vaccination and over three-fourths of respondents (78%) provided a rating of 4 or more out of 5 for the support they received from the CSCs regarding the CoWIN registration and vaccination. They were able to get answers to their questions, comprehend the need for COVID-19 prevention, and were able to complete the registration process, followed by vaccination.

Impact of Program Support through Involvement of VLEs

The assessment findings demonstrated the impact of project support through VLEs with respect to multiple dimensions. Each dimension has been discussed to establish the importance as well as impact of project as follows:

Availability of Registration Support to Vulnerable Population

The project was contextualized in a way that VLEs who are one of the key resources available at the grassroots level known to the local population through their CSC services. Moreover VLEs are known to local people and have access to their villages and households. Inclusion of VLEs actually offered a great amount of support for the registration of vulnerable people such as elder population as well as women who usually do not come forward for themselves. Moreover, these vulnerable people do not have access to internet and smartphones so that they could register themselves for the COVID vaccination. Under the project, VLEs and their staff not only made direct contacts but also conducted awareness generation in terms of mobilization people to come to CSCs for the registration along with statutory IDs. In this way, the project could mobilize vulnerable people staying in rural villages and provided access to the registration on CoWIN.

The next important support that the project offered to the vulnerable people was addressing their concerns related to harmful impact of COVID-19 vaccination. People had a lot of misconceptions and rumours on COVID vaccination due to which elderly people and women were not interested in receiving the vaccination. VLEs and CSC staff conducted the awareness generation dealing with questions and responses leading the clarification of the doubts. The individual contacts with vulnerable population clarified the doubts and motivated them for visiting the CSC for the CoWIN registration. The project support was beneficial for the rural people in overcoming their fear with COVID vaccination.

Chapter 4 – Impact Assessment Findings on OECD Criteria

This chapter provides the impact assessment findings considering the OECD research framework or criteria to oversee the overall impact of the HDFC Bank support for CoWIN registration project through CSC Academy.

Relevance

(HDFC Bank's support to CSC Academy for enhancing the vaccination coverage through VLEs by facilitating the CoWIN registration process for elderly population and women was relevant to the needs during the COVID-19 Pandemic Phase)

The HDFC Bank's support for training of VLEs in facilitating the registration of the vulnerable people (elderly population and women) was found to be very relevant as people required motivation and awareness of facts related to COVID vaccination and many also did not had access to a smartphone at the time of registration, required to complete the registration.

5

The assessment findings suggest that the HDFC Bank support was highly relevant. Almost everywhere people residing in rural and urban areas did not have the awareness and knowledge related to COVID vaccination. Majority of the people had doubts on efficacy of vaccine and there were myths and misconceptions prevailing regarding the vaccination. Apart from lack of awareness related to vaccination, people were not aware of the process of getting COVID vaccine. Lack of awareness regarding CoWIN web portal for registration prior to the vaccination was also observed within the community. VLEs also highly appreciated the concept of engaging them in the process and giving them an opportunity to help their community.

In India, COVID-19 affected more than 1.3 billion Indians who were prone to COVID infection. Government and non-government agencies made several attempts to manage the unforeseen health crisis and the biggest problems were lack of adequate health infrastructure and limited access to health services for a large proportion of people staying in rural villages. To address such a crisis situation, HDFC Bank support in association with CSC Academy through their VLEs played a key role in providing people to access to CoWIN registration so that vaccination could be provided to prevent infection and lessen the impact of COVID related morbidities.

Under this component, HDFC Bank support has been found absolutely RELEVANT. This sets the context that HDFC Bank understood the needs of the people across the country and implemented a project through CSC Academy which has the largest network of CSCs across India and direct access to rural communities.

Coherence

(HDFC Bank support was timely and as per the standards stipulated for the COVID vaccination by the Ministry of Health and Family Welfare, Government of India)

Discussion with the VLEs and CSC Academy team informed that support was timely as support for the CoWIN registration facilitated the early registration that helped in identification of vaccine requirements as well as enhancing the vaccination coverage.

5

Findings from the physical survey and telephonic calls divulged that there was a high acceptance of VLEs (79%) support among the gram panchayat officials and local population in the registration on CoWIN portal for the

COVID vaccination. VLEs could provide the required information that helped people in clarifying their doubts related to vaccine and side effects.

Additionally, health functionaries received support in getting people registered through CSC staff and activities they carried out such as households' visits and generating awareness through meetings regarding prevention guidelines through IEC materials provided by CSC Academy. Many CSCs were designated as the COVID vaccination centres for the people as CSCs are well known entities within the rural areas.

The HDFC Bank support was found to be COHERENT. The assistance showed timely and efficient execution that met the required level of standards and protocols set for the COVID vaccination.

Effectiveness

(HDFC Bank support has been executed to improve the CoWIN registration and COVID vaccination through project that served the purpose)

HDFC Bank's support to the CSC Academy on the inclusion of VLEs in enhancing the registration on the CoWIN portal was found to be very effective. It has enhanced the knowledge of people in rural areas and increased their ability to understand the need for vaccination without any fear of side effects. The project was effective as it catered to the immediate needs of people across 32 states in India in a short time duration leading to the enhancement of the vaccination coverage.

4.5

Findings have suggested that more than half the VLEs could reach to 1,000 to 10,000 population within their catchment areas where they could disseminate information on CoWIN registration, the importance of and that the registration on CoWIN portal is mandatory for getting vaccinated. Additionally, rural communities were made aware about the side effects and their doubts were clarified. On average, 3,102 people were reached by each CSC.

All the beneficiaries covered under the study confirmed their interaction with the VLEs regarding registration and vaccination process. Average conversion rate from registration to vaccination was 85%. A total of 800,362 people were reached and 345,838 people got registered at CSCs. Of those registered, 294,096 took the vaccination.

There were about 89% of VLEs where all 100% who got registered on CoWIN portal at their CSCs also all registered got vaccinated for COVID-19. About 79% of VLEs expressed that health functionaries in their geography were appreciative of their efforts of motivating people for the CoWIN registration. Due to project activities, 93% of the beneficiaries covered under the study could get two doses of COVID vaccination (70% had 2 doses and 23% had both 2 doses + a booster dose).

With respect to awareness generation activities, more than 3 types of materials were used for the rural citizens. There were WhatsApp posts with key messages for motivating people for the CoWIN registration as well as details about the COVID vaccination, clarification on misconception and where to go for the vaccination.

Impact

(HDFC Bank's support to CSCs ensured the increase in coverage of CoWIN registration and enhancing the Vaccination coverage)

HDFC Bank's support has played a catalytic role in increasing the coverage for CoWIN registration across 32 states which increased the vaccination coverage multi-fold in a short period. **An estimated 19 million got vaccinated with support from the VLEs engaged through this project.** The project activities demonstrated the impact as a large number of people turned out for the registration at CSCs. In some cases, CSCs were designated as vaccination centres so that rural people get access at their doorsteps.

4.5

Findings suggest that 96% of the people preferred CSCs for the CoWIN registration and sought their support for the vaccination in coordination with health functionaries. All the VLEs shared that they could reach to all corners of their catchment villages and were able to bring people to their CSCs for the registration and contributed in improving the vaccine coverage. Health functionaries appreciated the type of support provided by VLEs under the project (79% of VLEs claimed) and 69% of VLEs confirmed that health functionaries considered CSCs as their potential partners for the CoWIN registration and vaccination drive.

Beneficiaries of CSCs confirmed that the CSCs had played a bigger role in the facilitation of the CoWIN registration. Beneficiaries reported that CSC facilitation in registration on the CoWIN portal was very quick and time-saving. About 78% of beneficiaries provided a rating of 4 or above out of 5 to VLEs for supporting the CoWIN registration and vaccination.

The HDFC Bank support has demonstrated high IMPACT in terms of increasing registration and vaccination coverage.

Sustainability

HDFC Bank support has paved a new path for the engagement of structures like CSCs in the implementation of other similar community-based programs and initiatives in future. The majority of VLEs have demonstrated their willingness to get associated with Government of India programs and schemes. Most importantly, VLEs also see this participation as a value addition for their core services and increasing their client base.

4

Overall score - 4.6 out of 5

Chapter 5 – Conclusion and Recommendation

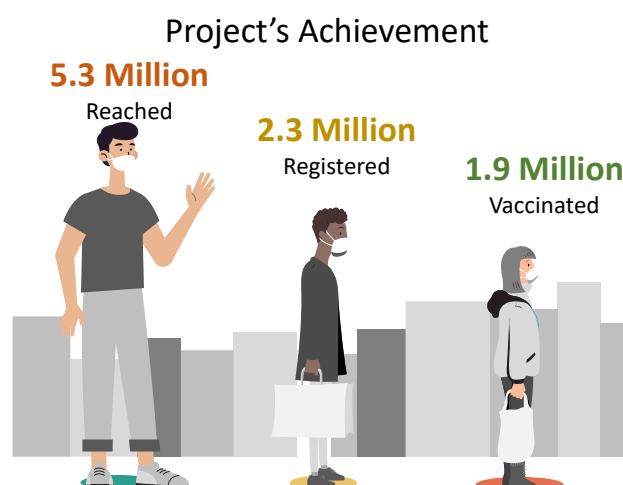
This chapter provides the conclusion derived from the study findings and recommendation have been made for the future projects. The summary of findings drawing some conclusion has been discussed in the forthcoming sections.

Conclusion

Findings from Village Level Entrepreneurs (VLEs)

- In all, 262 VLEs were covered and more than half of the VLEs (52%) were in age range of 31 to 40 years followed by 32% in 21 to 30 years. More than three-fourths of VLEs (78%) were educated up to postgraduation or graduation showing that VLEs were well educated.
- All the VLEs received orientation training on their roles and responsibilities under the CoWIN registration project aimed at enhancing the COVID-19 vaccination in a timely manner.
- About 91% of VLEs reported that people were aware in their catchment areas that CoWIN registration is mandatory for receiving COVID vaccination.
- About 68% of VLEs covered the elderly population and women who were facing problems in registration as they usually stayed at home and had limited accessibility to the internet and smartphones. Moreover, VLEs were aware that people were afraid of myths and misconceptions (17%) and faced a lack of awareness on vaccination (17%).
- More than half the VLEs (52%) conducted awareness generation activities and 43% of VLEs attested that their staff had conducted HH visits. About 46% of VLEs shared and disseminated the IEC materials (provided by the CSC Academy) to the community.
- More than three-fifths of VLEs (62%) reported they had used posters and wall writings for dissemination of information related to CoWIN registration followed by sharing of IEC materials provided by CSC Academy. VLEs also disseminated information through a mobile van that spread key messages within the villages to motivate people for the COVID vaccination and inform about the availability of registration at the doorstep, through CSCs.
- **About 97% of VLEs were in agreement that CSCs played a pivotal role in enhancing the registration of people on CoWIN portal through their centres.**
- **More than half the VLEs (54%) made extra efforts to disseminate the information regarding the availability of registration facilities through CSCs.**
- The assessment confirmed that the proportion of people who received vaccination directly matched with the proportion of people registered at CSCs which indicates that all who registered on the CoWIN portal at CSCs also received COVID vaccination.
- On average, each VLE was able to reach a population of 3,102, of which on average 1,340 registered themselves on the CoWIN portal with a conversion rate of 430 per 1000 reach. Of those who registered, on average, of those who registered, 85% received COVID-19 vaccination. A total of 800,362 people were reached and 345,838 people got registered at CSCs. Of those registered, 294,096 took the vaccination.

Impressively, for 89% of VLEs registration to vaccination conversion rate was 100%. Following illustration demonstrates the project's achievement.



- 96% of VLEs confirmed that people preferred CSCs for the CoWIN registration for COVID-19 vaccination.
- Almost all (99%) VLEs perceived that engaging VLEs or CSCs for registering people on the CoWIN portal was helpful. The project could attract people to get registered and get vaccinated through CSCs.
- As many as 82% of VLEs were of the opinion that using VLEs was useful as CSCs had better reach through their contacts and they also conducted IEC activities. More than half of the VLEs (55%) felt that CSC staff and VLEs are trained in computer operations that also played a catalytic role in the implementation of the CoWIN registration drive. Nearly half of the VLEs (48%) were of the opinion that CSCs must be involved in the implementation of other government programs as CSC is a government entity.
- Four out of five VLEs (79%) claimed that health functionaries praised their involvement in the CoWIN registration. More than two-thirds of VLEs (69%) opined that health functionaries considered them as a partner providing assistance in the registration of people. One out of three VLEs (38%) informed that frontline workers were in touch with them to know the status of registration on CoWIN portal which helped them in the assessment of vaccination doses required for the catchment areas.
- All VLEs expressed their desire to join hands with any community support program like the CoWIN registration support project funded by HDFC Bank.

Findings from Beneficiaries

- A total of 458 beneficiaries were interviewed across six states in India. Almost equal proportion of men and women were covered (51% vs 49%).
- All the beneficiaries covered by CSCs got vaccinated for COVID and availed CSC services for the CoWIN registration.
- Among all who got registered, 70% of the beneficiaries received two doses and 23% received two doses + booster doses and only 7% got one dose of vaccination.
- **The project was pertinent in terms of leveraging CSCs/VLEs to improve CoWIN portal registration, which in turn helped to improve COVID vaccination throughout the project locations.** The success of the higher coverage of vaccination can be directly attributed to the project as VLEs facilitated the process of CoWIN registration for these beneficiaries.
- Among the beneficiaries, the key sources of information that **registration at CoWIN portal is mandatory** for the COVID vaccination included friends/family/relatives (56%) and VLEs/CSCs (55%).

- **Four out of five (80%) of beneficiaries claimed that they were facilitated and helped by VLEs/CSCs for their registration on CoWIN web portal. Nearly all beneficiaries (98%) stated that CSCs/VLEs were crucial in making the CoWIN portal registration process easier.”**
- Three fourth (71%) of beneficiaries suggested that CSCs facilitated the process of registration on CoWIN portal and 63% thought that the process of registration on CoWIN portal was very quick and time saving.
- All (97%) of the beneficiaries confirmed that they had paid the fee for the registration on CoWIN portal. Of these, 79% had spent INR 10, 7% paid INR 20-25 and 11% could not recall the amount. This indicates that VLEs charging a nominal fee for facilitating the process of CoWIN registration was financially viable for VLEs.

Recommendation

Based on the study findings, a set of recommendation has been given as follows:

- CSC Academy has a strong network of CSCs equipped with human resource involved in multi-dimensional activities at the grassroot level serving to the rural population. CSCs should be used for the interventions that are to be undertaken at scale.
- For all interventions, VLEs should be provided with a training in a formal set-up and informed about the impact assessment study that would be undertaken after a stipulated time duration. In the training, VLEs should be oriented and informed about the type of records they need to maintained and saved on their folders. However, a mobile app could be an option for them to feed the data.
- VLEs should be provided with impressive IEC materials so that they can conduct effective training sessions with the targeted population.
- VLEs should be provided with some incentives for undertaking the activities and keeping their motivation consistent. A valuable incentive could be felicitation with awards and certificates that can be displayed at CSCs.



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