

Comprehensive Compliance Survey of Provisions of COTPA-2003 in Haryana and Chandigarh

Final Report

Commissioned by



Strategic Institute For Public Health Education and Research
SIPHER, Chandigarh
2299, 35C, Sector 35, Chandigarh, 160022

Submitted by:

AMC

AMC RESEARCH GROUP Pvt. Ltd.

83-B, Ground Floor, Lane no.- 3, Bharat Nagar, New Friends Colony, New Delhi – 110025
(Tele/fax: 011 – 26312089, 9873316787)

E-mail: amcresearchgroup@gmail.com Website: www.amcresearchgroup.com

Acknowledgement

The study on Compliance Assessment Survey in 14 districts of Haryana and Chandigarh was conducted by Strategic Institute for Public Health Education and Research (SIPHER), Chandigarh, India with support of AMC Research Group Pvt. Ltd., New Delhi for Data Analysis and report writing.

We are thankful to the higher authorities in Haryana and Chandigarh for giving us the support letters and giving us an opportunity to carry it out.

We are grateful to all Investigators & field supervisors who spared their time in data collection from the field in festive seasons.

We also acknowledge the contribution of statistician who gave us the data in presentable form.

We extend our thanks to all those who have made their direct and indirect contribution in the successful completion of the study.

Dr. Rakesh Gupta
President and Director of Public health
Strategic Institute for Public Health Education and Research

Principal Investigator

Dr. Rakesh Gupta
President and Director of Public health
Strategic Institute for Public Health Education and Research

Field Team Members

1. **Ravinder**, Master's in Social Work: Working as Community Mobilizer and Trainer in the project" Financial and digital literacy" (Synergie NGO)
2. **Rashmi Kaushik**, Master's in Social Work: Working as Trainer on the project" Financial and digital literacy" (Synergie NGO)
3. **Seerat Kataria**, Master's in Public Health, B.Sc. life Sciences Working as a Project Coordinator in Sambandh Health Foundation Gurgoan (Public Health)
4. **Dr. Ashrajdeep Singh**, Masters in Public Health: Project officer at SWACH Foundation, Panchkula
5. **Abhishek Sharma**, Master's of Social Work: Working as a Social Protection Officer (SPO) in HelpAge India NGO
6. **Rachita Sharma**, Master's in Public health: Working as a project technical support at ICDS project in Ambala
7. **Bhavleen Kaur**, Master's in Social work, P.U, Chandigarh
8. **Swati Bharti**, Master's in Public Health: Working as Program Officer in Sambhandh Health Foundation

Technical support by:

Generation Saviour Association (GSA)

Contents

Executive Summary		I - ii
Chapter – 1	Background and objectives of the study	
1.1	Introduction	1
1.2	Tobacco is one of the leading causes of non-communicable diseases	2
1.3	Increase in cases under COTPA in last five years	2
1.4	COTPA Act, 2003 & Prohibition of Smoking in Public Places Rules, 2008	3
1.5	Goal of the study	4
1.6	Objectives of the study	4
1.7	Purpose of the study	4
1.8	Operational Definitions	4
Chapter – 2	Approach and Methodology	
2.1	Study area	5
2.2	Study Design	5
2.3	Survey type	5
2.4	Study period	5
2.5	Geographical scope (Venues of visit)	5
2.6	Data Collection Methodology (Observation)	6
2.7	Tools for the study	6
2.8	Quality Control	6
2.9	Data Management	6
2.6	Ethical Consideration	6
Chapter – 3	Empirical findings of the study	
3.1.	Basic appearances of COTPA Act 2003	7
3.2.	Assessment of Compliance of COTPA 2003	9
Chapter – 4	Conclusions and recommendations	16
Annexure		
<i>Assessment of Compliance of COTPA 2003 in Chandigarh</i>		
<i>Photographs</i>		
<i>Survey Tools</i>		

Executive Summary

Tobacco use is a major public health problem in India. To curb it, the Cigarettes and Other Tobacco Products Act, 2003 (COTPA) was enacted. The ongoing tobacco control effort in Haryana and Chandigarh, with special focus on the effective implementation and compliance of all sections of COTPA, 2003 through development and demonstration of effective and sustainable enforcement mechanisms has been reflected in the results of this study.

Building tobacco control capacity of Civil Society Organizations (CSOs), policy makers, government officials, Panchayati Raj Institution (PRI) members, Accredited Social Health Activists (ASHA) under the National Health Mission (NHM), Non-Government Organizations (NGO) and key stakeholders involved in tobacco control activities would be critical for better implementation of law at the grassroots. This would not only strengthen compliance with COTPA provisions at village, panchayat and block level but also, we need to enhance the penalties in various sections of COTPA encourage violation reporting.

SIPHER, Chandigarh did capacity building of data collectors and 8 of them were recruited as Interns for data collection across 14 sample districts in Haryana and Chandigarh. AMC Research Group Pvt. Ltd., New Delhi conducted data analysis and drafted the compliance assessment study. The objective of the study was to - assess the level of compliance of section 4, 5, 6 (a), 6 (b) and 7,8,9 of COTPA Act with respect to Public places, Educational Institutes Point of Sale and PHWs on Packaging. It is an observational study. Around 2702 public places, 420 educational institutions and 2268 tobacco retailers were observed in Haryana and around 205 public places, 30 educational institutions and 150 tobacco retailers were observed in Chandigarh.

Major Findings of the study

Section 4

- From a total of 2702 public places visited, no smoking signage was displayed in around three-fourth (74.6%) places, out of which 86.7% were as per COTPA.
- Active smoking was not seen in 76.8% (2053) of the total places visited. **This shows the high and proper implementation of the Compliance of Section 4 in both urban and rural areas.**
- The contact details on signages were mentioned in 75.6% of the public places.

Section 5

- Total 2688 Point of sales visited during the study, out of which 76.4% were not advertising the tobacco products.

Section 6a

- From the 2688 PoS visited, 86% of the PoS displayed the signage which shows **“Selling of tobacco products below 18 years is an offense”**.
- 80% were enquiring about age proof.
- 16% were selling the products to the minors and 4.9% were selling the products by the minors.

Section 6b

- In order to check the compliance of Section 6 (b) total 420 Educational institutions were visited, 95% have displayed the signages which shows **“Prohibition on Sale of Tobacco Products Within 100 yards of Educational Institutions.**
- All the institutions visited were strictly adhering to the compliance by not selling the tobacco products inside the campus.
- The tobacco products within 100 yards of educational institutions were not sold by 88% PoS.

Section 7,8,9

- Total 2702 brands of tobacco products were observed across 14 districts in Haryana. And 87% of all the brands including Cigarette, Bidi and smokeless have health warning on their packaging excepted some local bidi and tobacco products.

Recommendations

Based on the findings above, we highly recommend several actions for a better implementation of the law

1. Formal training and capacity building of police personnel on the implementation of COTPA, its provisions and penalties are needed.

2. Delineation of the responsibilities of the various stakeholders and creation of coordination mechanisms is essential.
3. Delegation of power to lower-ranking officials directly involved in implementation of the act, with supportive supervision by higher-ranking officials, could decongest the burden and boost the morale of the implementers.
4. Periodic, transparent reporting mechanisms for recording visits, violations and penalisations should be in place to promote unbiased implementation.
5. Communication campaigns to encourage behavior change among the public should be conducted to enable greater compliance with the law and facilitate its implementation.

To strengthen above we recommend:

- Regular holding of SLCCs and DLCCs so that there is sensitization of all the stakeholders.
- Regular enforcement drives by multi stakeholder teams.
- Capacity building of officials from all the departments especially from Police and education dept.
- Ensure that there is no smoking at public places, no selling or buying of tobacco by and to minors, firm enforcement of Hookah Bar ban, no surrogate or direct advt. of tobacco products, TOFEI guidelines are religiously followed by all Educational institutes and tackle the sale of products without PHWs especially by involving Legal Metrology dept.
- Ensure strict implementation of ban on SLT under FSSAI.
- Ensure strict implementation of PECA 2019 banning sale of e-cigarettes.
- Ensure that TCCs are operational in Medical Colleges, Dental Colleges, DHs and SDHs so that we promote cessation services.
- Periodic, transparent reporting mechanisms for recording visits, violations and penalizations should be in place to promote unbiased implementation.
- Strengthening of State and District Tobacco Cells as per NTCP norms.

Background and Objectives of the study

1.1 Introduction

The use of tobacco in one form or the other can be traced back to the 16th century. However, it took nearly 400 years for the world to identify life-threatening diseases like cancer of different forms and various other respiratory and cardiovascular diseases caused by the consumption of tobacco. Medical science now clearly recognizes tobacco use as the single most significant cause of mortality and morbidity across the globe. In order to deal with the enormity of the health hazards caused by tobacco in India, progressively stricter regulation of tobacco products have been introduced, starting with the Cigarettes (Regulation of Production, Supply and Distribution) Act (COTPA 2003), which included provisions that made it mandatory to display a statutory Pictorial Health Warning (PHW) on all packages of Tobacco Products. It also provides for a ban on most forms of tobacco advertisement, smoking in public places and sale to minors.

Low- and middle-income countries (LMICs) are home to more than 80% of the tobacco users of the world, and thus contribute significantly to tobacco-related mortality and morbidity¹. Tobacco use is projected to kill about one billion in the 21st century and 80% of these deaths will be from LMICs². The widespread use of tobacco in the developing world is attributed to its low price, variations in form, lack of awareness of the harmful effects, unregulated aggressive marketing by the tobacco industry and lack of public health policies advocating for its complete ban. India is home to approximately 266.8 million tobacco users and is the second largest consumer of tobacco in the world. India's tobacco landscape is more complex due to the extensive production facilities and use of many smokeless forms of tobacco. Currently, it is estimated that 42.4% men, 14.2% women and 28.6% of all adults use tobacco in India. A vast majority of the users (87%) debut tobacco use before the age of 18 years. Furthermore, according to the WHO Tobacco Atlas, 625,000 children between the age of 10 and 14 years use tobacco in some form in India³. Due to the excessive use of smokeless tobacco which is often homemade, India has one of the highest rates of oral cancer in the world with an annual incidence as high as 14.8 per 100,000 among males⁴. Workers engaged in tobacco cultivation in India also suffer from significant disease burdens such as Green Tobacco Sickness (GTS) which is an acute form of nicotine toxicity. The use of tobacco also significantly impacts the economic livelihood of low-income groups where 3% of the household budget may be spent on tobacco impacting on the poverty levels further.

The World Health Organization-Framework Convention on Tobacco Control (WHO-FCTC) is known to be the world's first public health treaty. Enacted under the WHO, the treaty was developed in response to the globalization of the tobacco epidemic acknowledging the pivotal role of international law in preventing disease and promoting global health. The primary objective of the treaty is to 'protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke'. The treaty provides an actionable blueprint to the signatories mainly targeting to reduce the demand and supply of tobacco. With 183 signatories till March 2024 representing almost 90% of the world's population, WHO-FCTC is the biggest global initiative in the history of tobacco control. After almost two decades of signing the treaty, India still holds a central place on the global tobacco problem. The long-term success of the treaty will rely on countries like India which is a major driver not only in terms of consumption of tobacco but also being the second leading world producer of leaf tobacco⁵.

¹ Menon PG, George S, and Nair BS, et al (2020) Tobacco use among college students across various disciplines in Kerala, India Tob Use Insights 13 1179173X20938773 <https://doi.org/10.1177/1179173X20938773>

² Munzer A (2013) The WHO FCTC: the challenge of implementation *Lancet Respir Med* 1(3) 182–184 <https://doi.org/10.1016/S2213>

³ Lakshmi JK, Shrivastav R, and Saluja K, et al (2020) Evaluation of a school-based tobacco control intervention in India *Health Educ J* 79(7) 775–787 <https://doi.org/10.1177/0017896920927452>

⁴ World Health Organization: International Agency for Research on Cancer (2020) Cancer today: data visualization tools for exploring the global cancer burden in 2020 <https://gco.iarc.fr/today/data/factsheets/populations/356-india-fact-sheets.pdf>

⁵ Lal P, Srinath S, and Goel S, et al (2015) Unravelling India's tobacco epidemic – priorities and recommendations for the second round of Global Adult Tobacco Survey (GATS) *Glob Health Promot* 22(2) 7–19 <https://doi.org/10.1177/1757975914536914>

1.2 Tobacco is one of the leading causes of non-communicable diseases

Tobacco usage, in any form, is one of the leading causes of non-communicable diseases in India, and the world. Tobacco deaths rarely make it to headlines. In fact, tobacco kills about half its consumers. Tobacco contains an addictive drug called Nicotine and it is easily absorbed by the blood through lungs. Whether you smoke it, sniff it, or eat it, the result is the same. As per the World Health Organization, the tobacco epidemic is one of the leading public health hazards, killing more than 8 million people a year. The second Global Adult Tobacco Survey (GATS 2) reported that 28.6% of Indian adults consume tobacco in any form, 10.7% smoke and 21.4% use smokeless tobacco (SLT). Khaini (a form of SLT) and beedis are the most commonly used tobacco consumed in India, at 11% and 8%, respectively. According to the World Health Organization (WHO), tobacco kills more people annually than human immunodeficiency virus (HIV), alcohol, other addictions and accidents put together. A steady increase in tobacco-associated problems such as oral precancerous lesions, tuberculosis and cancers of the oropharyngeal region, have been reported. In addition, health care costs as well as other fiscal losses resulting from premature deaths attributable to tobacco consumption are increasing rapidly.

Tobacco is not only a health issue, but it is also both an environmental and economic issue. Most cigarette butts end up in landfills and contain materials that are hard to biodegrade. Tobacco use is expanding at a greater rate in low-income countries, where millions of individuals succumb to lethal addiction every year. Contrary to the industry's assertions on job creation and income generation, the primary contributions of the tobacco industry to any nation seem to be disease, death and economic losses. For the poor and impoverished, purchasing tobacco means abandoning funds for essentials like food, shelter, education, and healthcare. The net economic effect of tobacco usage is to exaggerate poverty.

1.3 Increase in cases booked under COTPA in last five years

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA, 2003) is a comprehensive law against tobacco use enacted to prohibit the consumption of cigarettes and tobacco products and regulate its trade and advertising to improve the public health. Some of its key provisions relate to the restrictions on the sale and consumption of tobacco products, restrictions on advertising and marketing, regulations on the packaging of tobacco products and powers of the Government in upholding these provisions.

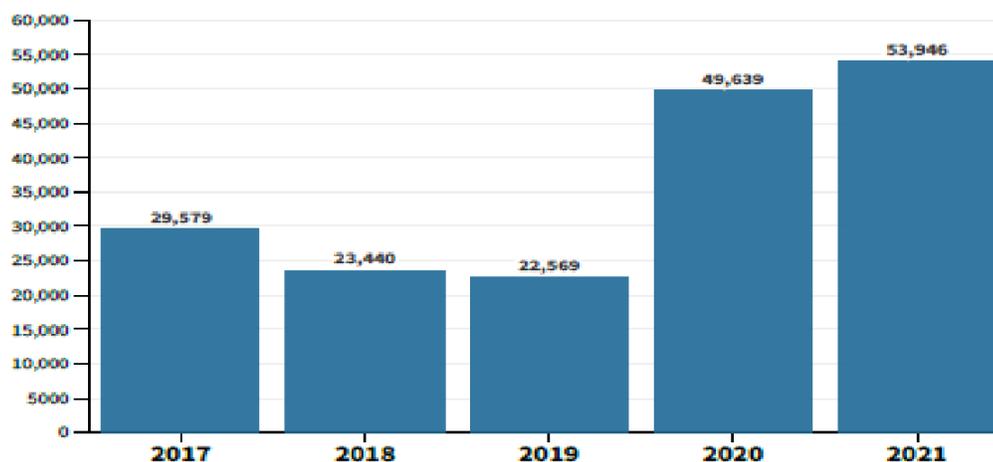
Along with implementers from various stakeholder departments e.g., departments of Police, Food and Drug Administration, Health, Education, Labor, Transport, Railways, etc., police personnel and designated officials of some other departments in India are entrusted with the responsibility of enforcing the anti-tobacco laws. However, despite the reportedly comprehensive legislation put in place by the Indian Government, effective implementation of tobacco control policies largely remains a challenge. This has been attributed to low awareness or lack of motivation, or both, among the implementers.

Police personnel are known to consume smoking and chewing forms of tobacco at higher rates than the general population, and this is an interesting juxtaposition. The psychological effects of shift work, disrupted sleep patterns and occupational stress contribute to higher tobacco use among police personnel. Other factors, such as fear of public opposition to implementation of the law, lack of proper training and lack of administrative support, have also been reported as barriers to implementing COTPA.

The National Crime Records Bureau's (NCRB) 'Crime in India' report provides a state-wise number of cases registered under the COTPA 2003. Prior to 2017, this data was included in 'other SLL crimes', while from 2017, it is listed under 'Environmental Offences' in the 'Crime in India' report.

The data from 2017 to 2021 indicates a huge increase in the number of cases filed under the COTPA 2003. In 2017, the number of cases registered was 29579, which rose to 49639 in 2020, and to 53946 in 2021, amounting to an 80% increase over the last five years. To be precise, there was a steep 120% jump in cases from 2019 to 2020 itself. This could be majorly due to the prohibition on spitting in public places to restrict the spread of COVID-19.

Number of offenses related to COTPA 2003 (Value in absolute number)



Smoking bans (or smoke-free laws) at public places including criminal laws and occupational safety and health regulations, which prohibit tobacco smoking in workplaces and other public places. The rationale for smoking bans postulates that smoking is optional, whereas breathing cigarette smoke is not. Therefore, proponents say, smoking bans exist to protect people from the effects of second-hand smoke, which include an increased risk of heart disease, cancer, emphysema, and other diseases.

In the interest of public health, The Ministry of Health & Family welfare had issued a detailed notification dated 30th May, 2008 making rules under the Cigarettes and other Tobacco products (prohibition of Advertisement and Regulation of Trade and Commerce, production, supply and Distribution) Act, 2003 for the prohibition of smoking cigarettes and other tobacco products.

1.4 Cigarette and Other Tobacco Product Act, 2003 & Prohibition of Smoking in Public Places Rules, 2008

On October 2, 2008, the Indian Government expanded the prohibition on smoking in public places and workplaces to protect individuals from the hazards of second-hand tobacco smoke. Salient features of the rules:

- ✓ Restrictions with regard to smoking apply clearly to public places including hotels, restaurants, refreshment rooms and would also include workplaces among other places as defined in each category. Section 4 of the act envisage separately ventilated smoking room termed as “Designated Smoking Area”
- ✓ The rules provide that the owner, proprietor or the manager of all the public places shall ensure that no person smokes in the prohibited area under his/her jurisdiction. It also calls for sign boards to be displayed at the entrance of the premises on each floor including the staircase and the lift.
- ✓ Detailed provisions have been incorporated for strict implementation of the prohibitory orders.
- ✓ The manager of the establishment is liable to be fined for any violation by any person of the above prohibition.
- ✓ The head of the institution/HR manager/Head of administration has to be designated/authorized to prohibit smoking at offices and workplaces.
- ✓ Ashtray, match boxes, lighters or other things designed to facilitate smoking should not be provided at the workplace.
- ✓ It will be necessary for the managers to display in the establishment prominently, the name of the person to whom complaints can be made in case of violation of the provision of these rules

In addition to compliance being an issue related to enforcement and political will, compliance to the smoke-free legislation is a behavioral issue. Success of compliance to the smoke-free legislation depends on the willingness of Persons Responsible for Compliance (PRC) to comply with the Act, in addition to awareness among authorized officers (AOs)⁶ responsible for the implementation of the Act. PRCs include heads of all government departments

⁶Guidelines for implementation of Smoke Free Rules (Section 4) and Tobacco Free Educational Institutions (Section 6) of COTPA 2003 [Internet]. Available at: <http://pbhealth.gov.in/GUIDELI...>

at State level, local bodies, including Panchayat Raj Institutions (Local self-government), and all those in-charge of public places, that provide access to public places, such as bus stands, railway stations, markets, parks, religious places, monuments etc. Within the private sector, PRCs include owners and managers of different public places (hotels, bars, restaurants, eateries, shops and markets), managers of malls and multiplexes, all private offices including private practices (clinics, nursing homes and hospitals). Authorized officers include police officers, health inspectors, excise officers, inspectors of factories who are government officers under jurisdiction for these public places. Understanding the challenges to comply with the Act, and identifying solutions that are feasible and pragmatic are needed to progress towards a smoke-free society. Compliance assessment is an effective means of measuring progress towards a smoke-free society⁷. Thus, we undertook a study to assess the compliance to the smoke-free legislation of the Cigarettes and Other Tobacco Products Act (COTPA) across 14 districts in Haryana and Chandigarh.

1.5. Goal of the study

The main goal of the study is to find out the level of compliance among people and entities such as public places and workplaces with the COTPA act, so as to guide enforcement and public health agencies about where to target enforcement and public education resources to gain the status of “Smoke Free and compliant with COTPA act” across 14 districts in Haryana.

1.6. Objectives of the study

The specific objectives of the study were as follows:

- To measure the level of compliance to Section 4 of COTPA in public places.
- To measure the level of compliance to Section 5 of COTPA at Points of sale (PoS).
- To measure the level of compliance to Section 6 (a) of COTPA at Points of Sale.
- To measure the level of compliance to Section 6 (b) of COTPA in and around educational institutions.
- To measure the level of compliance to Section 7, 8 & 9 of COTPA across.

1.7. Purpose of the study

Implementation of the law is a big challenge for the success of the program. So, this study helps to find out the behavior abundance of people in different areas like public places, Govt. offices, private offices, hospitals, educational institutes, bars, auditoriums, cinema halls, public transport facilities etc. in accordance with the COTPA. This study will also be able to find out the level of compliance of the above-mentioned entities with section 4,5,6,7, 8 & 9 of COTPA. The results of this study could be used to plan an intervention and for proper implementation of COTPA by enforcement.

1.8 Operational Definitions

- **“Public Place”** means any place to which the public have an access, whether as of right or not, and includes auditorium, hospital buildings, railway waiting room, amusement centers, restaurants, public offices, court buildings, work places, shopping malls, cinema halls, educational institutions, libraries, public conveyances and the like which are visited by general public but does not include any open space.
- **What is Smoke Free:** Section 4 of COTPA deals with Protection from second-hand smoke. All public places should fulfill a few parameters.
 - No Active Smoking
 - No Smoking Aids
 - Display of “No Smoking signage” at entrance/ prominent places of every public places
 - No Cigarettes / Beedi butts
 - Authorization of Enforcement officer
 - Availability of Enforcement Mechanism

⁷Goel S, Ravindra K, Singh RJ, Sharma D: Effective smoke-free policies in achieving a high level of compliance with smoke-free law: experiences from a district of North India. *Tob Control*. 2014;23(4):291–4. doi: 10.1136/tobaccocontrol-2012-050673

Approach and Methodology

The Haryana Assembly on 25th February, 2024 passed a bill that prohibits opening or running hookah bars or serving hookah to customers in any place, including eating houses, in the state. According to the bill, after Section 4 of the principal Act (central law) -- The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution), Act, 2003, -- "The following section has been inserted: '4-A. Prohibition of hookah bar -- Notwithstanding anything contained in this Act, no person shall either on his own or on behalf of any other person, open or run any hookah bar or serve hookah to a customer in any place, including an eating house.'" The bill has defined "eating house" as "any place where food or refreshment of any kind is provided or sold to visitors for consumption".

In a gazette notification issued on May 15, the Ministry of Home Affairs, Government of India, extended the "Cigarettes and other Tobacco products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) (Punjab Amendment) Act, 2018" to Chandigarh. This notification completely prohibits the operation of hookah bars.

2.1. Study area: The study area included public places, educational institutes & point of sales across 14 districts in Haryana and Chandigarh.

2.2. Study Design - Cross-sectional Study (Formative research)

2.3. Survey type - Observational survey

2.4. Study period –July-August, 2024

2.5. Geographical scope (Venues of visit) – For the purpose of study, all the potential public places were divided into 6 broad categories for Section 4:

1. **Accommodation facilities** (Hotels, rest houses, sarai, guest house, Dharamshala etc.)
2. **Eating facilities** (stand-alone restaurants, stand-alone canteens, bars, dhabas, street food vendors, food court etc.)
3. **Offices and workplaces** (Both in Government and private sector)
4. **Health care facilities** (Both in public and private sector: "Health Care Facilities: Clinics, Hospitals, dispensaries)
5. **Most frequently visited places** (Railway stations, market, bus stations, shopping malls, parks and tourist places etc.)
6. **Public Transport service** (Bus/Taxi/Maxi/Auto Rickshaws/Railway stations)

Section 6 (b): Educational institutions (Both in public and private sector: College/school/universities/coaching institute)

Section-6a,5 & 7,8,9- Tobacco retail outlets

Sampling frame work and sample size

Sl. no.	District	Accommodation /Hotel facilities	Eateries	Educational Establishment	Offices & Workplaces	Health-care facilities	Market, Museum, Cinema Hall, etc.	Public transport facility	POS	Total
1	Bhiwani	31	33	30	34	25	40	30	162	385
2	Charlki Dadri	31	33	30	34	25	40	30	162	385
3	Faridabad	31	33	30	34	25	40	30	162	385
4	Fatehabad	31	33	30	34	25	40	30	162	385
5	Gurgaon	31	33	30	34	25	40	30	162	385
6	Hissar	31	33	30	34	25	40	30	162	385
7	Jhajar	31	33	30	34	25	40	30	162	385
8	Jind	31	33	30	34	25	40	30	162	385
9	Mahendragarh	31	33	30	34	25	40	30	162	385
10	Mewat	31	33	30	34	25	40	30	162	385
11	Palwal	31	33	30	34	25	40	30	162	385
12	Rewari	31	33	30	34	25	40	30	162	385
13	Rohtak	31	33	30	34	25	40	30	162	385
14	Sonapat	31	33	30	34	25	40	30	162	385
	Grand Total	434	462	420	476	350	560	420	2268	5390

Sl. no.	District	Accommodation /Hotel facilities		Eateries		Educational Establishment		Offices & Workplaces		Health-care facilities		Market, Museum, Cinema Hall, etc.		Public transport facility		POS		Total
		Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	
1	Bhiwani	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
2	Charkhi Dadri	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
3	Faridabad	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
4	Fatehabad	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
5	Gurgaon	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
6	Hissar	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
7	Jhajar	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
8	Jind	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
9	Mahendragarh	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
10	Mewat	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
11	Palwal	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
12	Rewari	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
13	Rohtak	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
14	Sonapat	20	11	23	10	20	10	22	12	15	10	25	15	20	10	86	76	385
	Grand Total	280	154	322	140	280	140	308	168	210	140	350	210	280	140	1204	1064	5390

2.6 Data Collection Methodology (Observation)

The field investigators visited rural and urban areas across 14 sample districts in Haryana and Chandigarh and observed each of the sampled units (public places, educational institutions/PoS) one by one during peak business hours as per the pre-fixed schedule. During the study, an unobtrusive observation was made and a structured checklist was filled.

2.7. Tools for the study

The data capture formats were provided by **SIPHER, Chandigarh**. The field researchers used final version CAPI tools, which were available on **epi-collect platform**. Structured, standardized observation checklists were used to directly observe at public places such as accommodation facilities/restaurants, educational establishments, offices and workplaces, healthcare facilities, and public transport facility stations as defined by compliance of Cigarette and Other Tobacco Products Act (2003) COTPA. The study variables included display of signages, evidence of recent smoking like butts or beedi butts, the presence of smoking aids and active smoking in the public place.

2.8. Quality Control

- ✓ A repeated deliberation was carried out with the field investigators on the methodology.
- ✓ While making an observation, adequate coverage of the place and adequate time spent was ensured.
- ✓ The survey was done strictly during peak business hours as per the pre-fixed schedule.
- ✓ Questions were designed and were asked in such a way to minimize the biases.
- ✓ 10% Back check or cross check of the filled checklist of the field investigators was done by supervisors.
- ✓ For any queries or barriers **SIPHER, Chandigarh** team was approached to sort out the problem

2.9. Data Management

The quantitative data entry and analysis was done using statistical software – SPSS 16.0 to avoid any discrepancies in data analysis. After the data entry, the quantitative analyst was involved in data analysis. A double entry process was adopted to limit the amount of error that may have entered during data entry. Descriptive statistics (Mean, STD, Min and Max values) were used to check for missing data, outliers or illogical values and data was cleaned as needed. Descriptive statistics along with cross tabulation was applied in data analysis.

2.10. Ethical Consideration

Prior letters were issued regarding the compliance studies by designated authorities and verbal consent was obtained from retailers who have been interviewed in the study. The consent was read to illiterate and then the interview was taken by the team.

3.1 Basic appearances of COTPA Act 2003

Compliance of Section 4 of COTPA

Prohibition of Smoking in Public Places - Section 4 of COTPA, 2003:

- No person shall smoke in a public place
- Provided that in a hotel having thirty rooms or a restaurant having seating capacity of thirty persons or more and in the airports, a separate provision for smoking area or space may be made.”

A warning board “No Smoking Area” has to be displayed by the owner/in charge of the public place. There is a certain exemption to this rule; a hotel having thirty rooms can have Designated Smoking Areas (DSA) or area whereas in a restaurant having seating capacity of thirty persons or more and in the airports, a separate provision for Designated Smoking Areas (DSA) may be made.

What are public places supposed to do?

1. Display the signage as per the specification given in the below:

- a) The board shall be of minimum size of 60 cm x 30 cm of white background;
- b) It shall contain a circle of no less than 15 cm outer diameter with a red perimeter of no less than 3 cm wide with a picture, in the center, of a cigarette or beedi with black smoke and crossed by a red band;
- c) The width of the red band across the cigarette shall equal the width of the red perimeter;
- d) The board shall contain the warning “No Smoking Area- Smoking Here is an Offense”, in English or one Indian language, as applicable;
- e) The board shall be prominently displayed at each entrance of the public place and a conspicuous place(s) inside the building. If there are more than one entrance then at all entrances and exits. If there is more than one floor, at each floor including the stair-case and entrance to the lift at each floor.
- f) Notify and display the name of a person (designated officer) to whom a complaint may be made, in case someone is found violating the law.

2. Ensure that no ashtrays, matches, lighters or other things designed to facilitate smoking are provided.

3. Assigning a responsible officer to whom a complaint may be lodged in case anybody is spotted smoking.

Can public places have a separate smoking area?

All public places have to be smoke-free. However, hotels having 30 or more rooms and restaurants having seating capacity of 30 or more and airports may provide a separate designated smoking area.

Designated Smoking Area:

1. Should be used only for the purpose of smoking and no other service(s) shall be allowed.
2. Shall not be established at the entrance or exit of the hotel, restaurant or airport and shall be distinctly marked as ‘smoking area’ in English and one Indian language as applicable.
3. Physically separated and surrounded by full height walls on all four sides. Having an entrance with automatically closing doors, and is fitted with an exhaust ventilation system which is non re- circulating in nature or an air cleaning system or a combination of two, in such a manner that air does not permeate into non-smoking areas. The Smoking area has a negative air pressure in comparison with the remainder of the building.

What constitutes violation of Sec 4?

- If public places do not put up specified signage
- Presence of ashtrays and lighters, matches or any other device to facilitate smoking.
- Smoking area established at the entrance or exit of an establishment as specified in the law.
- Smoking room with improper air flow system.
- Presence of a separate smoking room in a public place which is NOT an airport, hotel with more than 30 rooms or a restaurant with a 30-seating capacity.
- Designated officer for reporting violations is not mentioned.

What happens if Sec 4 is violated?

- Any violation of any Provision in this section is a punishable offense with fine extending up to Rs. 200.
- An offense under this section shall be compoundable and shall be tried summarily in accordance with the procedure provided for summary trials in Code of Criminal Procedure, 1973.”
- If the owner, proprietor, manager or supervisor, or in-charge of affairs of the public place fails to act on the report of such violation, he shall be fined equivalent to the number of individual offenses.

Section 5 of COTPA, 2003: Section 5: Prohibition of Advertisements, Promotion and Sponsorship of all Tobacco Products.

- Both direct & indirect advertisement of tobacco products prohibited in all forms of audio, visual and print media
- Total ban on sponsoring of any sport and cultural events by cigarette and other tobacco product companies
- No trademark or brand name of cigarettes or any tobacco product to be promoted in exchange for sponsorship, gift, prize or scholarship
- No person, under contract or otherwise, to promote or agree to promote any tobacco product.
- However, advertisements of tobacco products are permitted at point of sale (PoS) and on retail packages but under certain restrictions.

Advertising is the process of calling the attention of the public to a product or service by a business. More specifically, there's a desire to manipulate and encourage a target audience into not only desiring a product or service, but to feel a certain way about it and without this product or service, they will lack this feeling. Similarly, Tobacco marketing has been a key issue in tobacco litigation. Plaintiffs and their attorneys have often asserted that tobacco companies have marketed their products using advertising and promotional techniques that have targeted youth (including the plaintiffs) with messages and images designed to increase the desirability of tobacco use while obscuring its dangers.

Section 6 (a) of COTPA, 2003: Prohibition on Sale to Minors

- ✓ Sale of tobacco products to and by the persons under the age of 18 is prohibited.
- ✓ The seller (shopkeeper) has to ensure that the person who is buying the tobacco product is not a minor.
- ✓ A specified display board to be put up at the point of sale declaring that “sale tobacco products to minors is prohibited”

Section 6 (b) of COTPA, 2003: Prohibition on Sale of Tobacco Products within 100 yards of Educational Institutions

- ✓ In order to restrict access of youth for tobacco products, the sale of the tobacco products is prohibited within a radius of 100 yards of an outer boundary of an educational institution.
- ✓ A display board has to be put up outside the educational institutions declaring the same.

Adolescents in the age group of 14-19 years are the most susceptible to initiate tobacco use in both rural and urban areas. An effective school level tobacco control policy would play a vital role in deterring tobacco experimentation among adolescents. Schools with tobacco control policies have reduced tobacco use as compared to those without such policy, both in rural and urban areas. Societal influences, such as parents' and closest friend's tobacco use, lack of knowledge on harmful effects of tobacco, positive attitude towards tobacco use by family members and viewing of tobacco advertisements are strongly associated with tobacco use. To counter the development of such a pro-tobacco attitude, teaching and training to students should be mandated in all schools. School teachers and counselors ought to be oriented on the facts related to tobacco production, distribution channels and consumption patterns amongst adolescents so that they could play a deterrent role for those initiating this and could help the users give up this habit.

Section 7, 8 & 9 of COTPA, 2003: Prohibition on Sale of Cigarettes and Other tobacco products without specified health warnings

- ✓ All tobacco product packages need to carry prominent and legible health warnings.
- ✓ These warnings shall also be pictorial in nature.
- ✓ The warnings will be given in the same language as given on the pack.
- ✓ All imported tobacco products should also carry the specified warnings.

3.2 Assessment of Compliance of COTPA 2003 in Haryana

Around 83% of the public places observed in Haryana had signage showing prohibition, with 94% of those adhering to the norms. The provision of a designated smoking area was available with less than one third percent (27.3%) of the time. Poor compliance of the act in the state is clearly evident by the combined instances of active smoking and bidi butts lying in public places, which is 36%.

The detailed observations of each section of the act are as follows.

Section 4:

A little over two-third (78.2%) of the public places were found compliant with all five indicators. Around 82% of the public places did not have cigarette stubs lying close to the entrance. Of all the public places in the study, entrances of around more than 80% of them were free of active smoking. Almost three-fourth of the public places were found to be free from active smoking (74%), cigarette/bidi stubs (78%) and smoking aids (83%).

Among 2702 public places, the overall compliance with section 4 was found to be maximum at religious places (79%) and least at bus stops and construction sites (32%). Religious places, shopping malls, hospital buildings and libraries were fully compliant with the compliance indicators such as no active smoking (in premises), cigarette stubs and smoking aids, except a hospital where active smoking inside the boundaries was recorded. Of the total hotel/restaurants visited, 72 percent were recorded as compliant with all the five indicators.

Out of 2702 places, the no-smoking signage/s was/were displayed at least 83% of the premises; none of them was fully compliant with all the specifications laid for signage in the law. Of the 2139 places (79.1%) displaying signage about a three-fourth (78.4%) had signage at the entrance, almost half (74.6%) had white background on signage, 'No Smoking' was mentioned in almost all places (75%), 'Smoking Here Is An Offense' was mentioned in 82% places and around 73% places complied with the display of designation, name and phone number of a reporting officer. Among all categories of public places, the maximum proportion of government offices (78%) displayed no-smoking signage of all the public places surveyed, none of these had a smoking area.

Section 5:

Out of 2268 PoS, nearly three-fourth (76.4%) had no one or the other form of advertisement. Amongst them, nearly 81.6 percent and 74.8 percent had not displayed direct and indirect advertisements, respectively. The compliance of no tobacco product advertisement at PoS with COTPA was recorded least in 76.1 percent places. Product showcasing (19.2%) and advertisement boards (23.8%) were major forms of advertisement at the PoS. None of the advertisement boards complied with section 5 of COTPA. Although 86.8% PoS had displayed the mandated health warning, only one PoS had complied with white background and black letters as per the COTPA guidelines.

Section 6 (a):

Of the 2268 PoS, more than three-fourth (78%) were free of any display of tobacco products within the visual range of minors. Among three categories of PoS, the compliance was lowest amongst temporary kiosks (76%). The sale of tobacco products to customers who could easily be identified as minors at the first glance was not seen in almost 86 percent of the PoS. This compliance varied from 71 percent at temporary kiosks to 82 percent at the permanent ones. The sale of tobacco products by minors was not found at PoS. Around 88% of the PoS displayed signage indicating 'Prohibition of sale to the person below 18 years.'

Section 6 (b):

Almost (87%) of the government Educational Institutes and three-fourth (78%) of the private EIs did not have at least one PoS within 100 yards of their boundaries. All the EIs were free from active smoking or sales of tobacco inside the campus. About 89 percent of EIs were free of any cigarette/bidi stubs or *Gutkha/Khaini* pouches. 109 (private school) out of 139 EIs were found displaying the signage indicating 'prohibition of tobacco around EIs' or 'Tobacco-free institute' as per section 6 (b) of COTPA.

Sections 7, 8, 9 and 10:

The compliance with components of specified health warning was around 32% for smokeless tobacco and bidi packages due to the absence of manufacturing date. The textual and pictorial contents of the health warning were

found to be least compliant in relation to foreign cigarettes (16.4%) as they did not use the pictures as mandated in the law. None of the smokeless tobacco packages had health warnings printed with 300 dots per inch or more, due to which the warning looked hazy. The misleading content on the principal area of the package was found in almost 89 percent of Indian cigarette packages and 100 percent of packets used for foreign cigarettes. The promotional messages such as menthol, mint flavor, special filter, kings, push the capsule in the filter, switch the capsule and the images indicating the promotion of the product were observed on all foreign cigarette packages.

385 public places in Chandigarh city were visited to record data on the compliance of sections 4, 5, 6a, 6b, 7, 8 and 9 of the COTPA act, 2003.

Table 3.1: District wise overall compliance of COTPA 2003 Act in Haryana

COTPA ACT 2003 (Section wise response)	Bhiwani	Charkhi Dadri	Faridabad	Fatehabad	Gurgaon	Hissar	Jhajjar	Jind	Mahend ragarh	Mewat	Palwal	Rewari	Rohtak	Sonipat	Overall
Section-4	74.8	76.3	76.8	76.2	72.3	70.0	73.2	76.4	72.9	76.8	80.4	78.9	76.7	72.5	75.3
Section-5	76.8	80.4	78.9	72.4	76.8	74.8	72.3	76.2	73.2	76.4	72.9	83.2	78.4	72.1	76.1
Section- 6(a)	80.3	83.2	81.8	81.7	83.6	82.1	81.4	80.7	80.3	82.9	84.1	80.6	79.9	80.7	81.6
Section- 6(b)	84.7	82.0	83.8	76.9	87.4	86.5	81.8	84.3	83.8	78.9	85.9	81.9	87.8	90.5	84.0
Section- 7,8,9	87.1	83.1	82.6	81.8	82.9	87.3	84.6	84.5	84.7	77.9	79.5	84.6	85.7	83.1	83.5

Table 3.2: District/Area wise overall compliance of COTPA 2003 Act in Haryana

COTPA ACT 2003 (Section wise response)	Bhiwani		Charkhi Dadri		Faridabad		Fatehabad		Gurgaon		Hissar		Jhajjar		Jind		Mahendragarh		Mewat		Palwal		Rewari		Rohtak		Sonipat		Overall	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Section-4	73.4	70.2	74.8	77.8	76.9	75.0	75.0	77.3	72.3	74.6	78.2	77.6	71.2	75.2	78.6	75.2	74.8	73.2	76.8	75.4	74.9	76.8	79.4	76.2	78.1	74.8	72.4	73.2	75.5	75.2
Section-5	77.6	80.6	75.1	79.6	74.8	78.4	76.8	72.4	73.4	72.8	82.3	82.0	82.1	75.1	78.8	72.2	74.5	73.8	74.1	79.6	74.6	75.8	74.5	78.0	79.9	73.2	72.8	71.9	76.5	76.1
Section- 6(a)	75.7	84.9	80.5	85.8	81.6	82.0	78.0	85.4	81.2	86.1	80.2	84.0	80.4	82.4	79.2	82.3	77.0	83.5	83.0	82.8	82.8	85.4	79.5	81.6	79.1	80.7	79.1	82.2	79.8	83.5
Section- 6(b)	83.1	86.4	77.7	86.3	83.7	84.0	76.9	76.9	88.0	86.8	89.3	83.8	81.5	82.1	84.9	83.7	84.8	82.8	78.6	79.2	85.6	86.3	87.3	76.6	90.3	85.3	91.5	89.5	84.5	83.5
Section- 7,8,9	85.5	88.7	83.1	83.1	80.4	84.9	81.2	82.4	81.3	84.4	88.2	86.4	84.5	84.8	84.3	84.7	84.6	84.8	80.3	75.5	77.4	81.7	84.8	84.5	84.8	86.6	86.9	79.4	83.4	83.7

Section A: District wise Assessment of compliance of COTPA 2003 Act in Haryana

Table 3.3: District wise compliance of Section-4 & 5 in Haryana

COTPA ACT 2003 (Section wise response)	Bhiwani	Charkhi Dadri	Faridabad	Fatehabad	Gurgaon	Hissar	Jhajjar	Jind	Mahendragarh	Mewat	Palwal	Rewari	Rohtak	Sonapat	Overall
Section-4															
Public places displaying signages	73.6	72.6	74.9	75.9	73.6	72.9	77.7	74.0	73.1	79.2	72.8	75.6	75.3	73.2	74.6
Public places displaying signages at the entrance and other conspicuous	68.0	74.1	76.7	70.0	71.6	60.5	82.2	78.6	70.5	74.2	71.8	63.5	76.3	76.6	72.4
Public places having signages as per the specification of COTPA-2003	85.4	86.8	88.0	90.1	87.3	86.6	88.4	87.0	88.4	89.9	88.3	89.6	78.3	79.6	86.7
Public places where active smoking was not observed	71.6	60.5	82.2	78.6	70.5	74.2	71.8	63.5	76.3	73.6	72.6	74.9	75.9	73.2	76.8
Public places where there was not found of odor emanating from cigarette or bidi	84.9	77.8	76.3	86.2	77.3	69.8	82.7	83.9	80.6	77.2	74.3	71.7	71.9	75.9	77.9
Display of contact details of reporting person	60.3	75.0	79.8	74.0	76.3	76.2	72.4	80.8	74.4	79.6	77.9	79.6	73.0	79.4	75.6
Public places where smoking aids were found (ashtrays, matchboxes and lighters etc.)	77.1	79.7	73.0	74.6	63.5	85.2	81.6	73.5	77.2	74.8	66.5	79.3	87.9	80.8	76.7
Public places where Bidi butts were not found	74.1	76.7	81.6	79.8	60.5	82.2	78.6	79.6	74.2	71.8	73.5	76.3	76.6	68.0	75.2
Public places where smoking area designated as per the specification of COTPA-2003	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Section-5															
(Point of sale) PoS are not displaying advertisements	77.8	76.3	86.2	77.3	69.8	82.7	83.9	80.6	72.4	74.3	71.7	71.9	75.9	68.4	76.4
warning sign prohibiting the sales of tobacco products to persons below the age of eighteen years	82.6	86.5	81.6	81.1	81.6	79.1	85.8	77.3	81.5	73.7	73.8	76.1	73.6	83.3	79.8
Is any advertisement for tobacco products displayed inside	9.2	12.6	16.4	17.0	18.4	16.4	20.4	17.3	13.9	12.8	16.0	14.8	14.5	22.0	15.8
Displaying of tobacco products on powerwall	11.1	12.1	14.4	14.0	14.4	6.7	16.9	15.5	10.1	21.4	24.9	29.3	25.2	22.7	17.0
Is there loose cigarettes sold	81.1	84.8	83.6	78.6	83.0	80.7	89.0	82.7	84.4	83.8	88.3	92.0	83.5	79.5	83.9
Is there E-cigarettes sold to customers	3.4	7.6	6.6	6.5	23.2	3.8	2.8	4.1	6.9	6.1	5.9	0.0	6.8	9.2	6.6
Is there Flavoured/Scented/processed chewable tobacco products sold to customers	22.4	9.9	14.1	6.0	11.8	19.0	14.4	13.2	17.6	13.5	33.7	13.8	30.2	17.6	16.9

Table 3.4: District wise compliance of Section-6(a), 6(b), 7, 8, & 9 in Haryana

COTPA ACT 2003 (Section wise response)	Bhiwani	Charkhi Dadri	Faridabad	Fatehabad	Gurgaon	Hissar	Jhajjar	Jind	Mahendragarh	Mewat	Palwal	Rewari	Rohtak	Sonapat	Overall
Section- 6(a)															
PoS displaying a signage	75.0	81.1	81.2	79.2	85.9	77.1	81.8	83.6	73.3	80.2	81.8	83.4	83.8	88.3	81.1
PoS displaying of signage specified size, text	84.8	83.6	78.6	83.0	80.7	89.0	82.7	84.4	83.8	88.3	92.0	83.5	79.5	82.5	84.0
PoS displaying signage at a prominent place	83.0	80.7	89.0	81.1	84.8	83.6	78.6	70.8	83.7	84.9	81.6	78.2	75.3	72.7	80.6
PoS where vendor had the license (MC or FSSA)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PoS where vendor was minor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PoS where the buyer was minor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PoS where vendor enquired about the age of buyer	78.2	87.3	78.5	83.5	83.1	78.7	82.6	84.3	80.3	78.1	81.1	77.1	80.9	79.3	80.9
Section- 6(b)															
Sale of Tobacco products sale inside the education institutions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sale of Tobacco products within 100 yards from the main institutions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Education institutions displaying prominent signage	89.8	91.0	93.1	90.3	89.6	91.4	90.0	91.4	92.9	91.3	92.6	81.3	85.6	89.6	90.0
Education institutions display visible sign of no smoking or chewing tobacco	79.7	73.0	74.6	63.5	85.2	81.6	73.5	77.2	74.8	66.5	79.3	82.6	90.0	91.4	78.0
Section- 7,8,9															
Health warnings on packets of tobacco products	86.7	77.0	79.3	79.2	75.4	83.8	77.4	82.6	80.9	82.6	76.0	85.4	79.3	82.6	80.6
Health warning covers specified picture and text on display area	92.9	88.4	89.8	91.0	93.1	90.3	89.6	91.4	90.0	91.4	92.9	91.3	92.6	81.3	90.4
Health warning written in white font with black background	93.1	90.3	89.6	91.4	90.0	91.4	92.9	91.3	92.6	71.0	77.1	79.7	83.6	80.2	86.7
Picture is not distorted, shortened or composed	93.1	90.3	89.6	91.4	90.0	91.4	92.9	91.3	92.6	81.3	85.6	89.6	90.0	91.4	90.0
HW information covering appropriate area on the pack	77.1	79.7	73.0	74.6	63.5	85.2	81.6	73.5	77.2	74.8	66.5	79.3	87.9	80.8	76.7
HW displaying in local languages	79.7	73.0	74.6	63.5	85.2	81.6	73.5	77.2	74.8	66.5	79.3	82.6	80.9	82.6	76.7
Message on the pack that directly or indirectly promote a brand	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Promotional message inserts inside the pack	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Section B: Area wise Assessment of compliance of COTPA 2003 Act in Haryana

Table 3.5: District wise compliance of Section-4 & 5 in Haryana

COTPA ACT 2003 (Section wise response)	Bhiwani		Charkhi Dadri		Faridabad		Fatehabad		Gurgaon		Hissar		Jhajjar		Jind		Mahendragarh		Mewat		Palwal		Rewari		Rohtak		Sonapat		Overall		
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	
Section-4																															
Public places displaying signages	70.6	76.6	68.8	76.3	71.6	78.2	70.4	81.4	65.6	81.6	69.6	76.2	70.9	84.4	70.6	77.3	65.8	80.4	73.6	84.8	66.8	78.7	70.4	80.7	70.8	79.8	68.6	77.7	69.6	79.6	
Public places displaying signages at the entrance and other conspicuous	73.3	62.7	67.6	80.6	75.1	78.2	61.6	78.4	70.7	72.4	56.5	64.4	82.3	82.0	82.1	75.1	68.8	72.2	74.5	73.8	74.1	69.4	61.2	65.7	74.5	78.0	79.9	73.2	71.6	73.3	
Public places having signages as per the specification of COTPA-2003	90.8	80.0	85.0	88.6	87.8	88.2	90.6	89.6	91.3	83.3	87.7	85.5	90.4	86.4	88.1	85.9	89.3	87.5	89.5	90.2	89.9	86.6	90.7	88.5	85.7	70.9	83.5	75.7	88.6	84.8	
Public places where active smoking was observed	64.6	51.0	57.8	55.6	49.8	52.8	50.3	42.0	45.8	53.0	51.1	52.0	22.4	33.5	28.7	46.8	48.8	47.7	42.8	45.3	44.1	48.6	49.5	49.0	35.8	45.4	53.6	37.4	46.1	47.2	
Public places where there was found of odor emanating from cigarette or bidi	84.9	84.8	84.9	70.6	78.4	74.2	88.7	83.7	86.2	68.4	70.2	69.3	77.3	88.1	89.5	78.3	81.4	79.8	79.9	74.5	76.9	71.7	71.7	71.7	74.9	68.9	83.1	68.7	80.6	75.2	
Display of contact details of reporting person	77.6	88.4	77.6	83.7	90.1	87.8	72.3	89.8	82.0	87.6	84.2	83.0	83.3	73.9	71.2	70.3	78.3	89.1	90.5	79.3	82.4	80.8	80.9	75.5	77.9	72.7	72.7	80.1	81.0		
Public places where smoking aids were found (ashtrays, matchboxes and lighters etc.)	49.6	44.2	47.2	40.6	44.5	42.4	58.7	52.0	55.3	47.6	39.4	43.3	38.8	21.4	11.0	44.3	42.6	42.3	22.3	34.5	29.0	22.4	32.6	27.5	32.0	40.7	65.5	33.6	40.6	38.3	
Public places where Bidi butts were not found	72.3	89.8	82.0	87.6	84.2	83.0	83.3	73.9	77.6	88.4	77.6	83.7	90.1	87.8	79.9	85.4	82.6	86.2	79.2	88.4	88.8	87.7	91.7	92.2	81.7	85.3	73.1	85.9	81.7	86.1	
Public places where smoking area designated as per the specification of COTPA-2003	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Section-5																															
(Point of sale) PoS are not displaying advertisements	71.4	78.6	76.4	85.8	77.6	84.7	76.6	81.7	84.2	87.6	74.8	79.4	78.7	84.8	81.4	85.7	71.6	74.9	81.2	79.2	77.8	85.8	80.6	86.2	79.2	88.4	88.8	87.7	78.6	83.6	
warning sign prohibiting the sales of tobacco products to persons below the age of eighteen years	79.4	85.8	81.3	91.7	74.8	88.3	76.8	85.4	78.3	84.8	76.2	81.9	84.2	87.3	74.9	79.7	78.7	84.3	71.4	75.9	67.9	79.7	72.4	79.7	69.9	77.2	80.4	86.2	76.2	83.4	
Is any advertisement for tobacco products displayed inside	7.9	10.5	16.2	9.0	16.5	16.3	10.1	23.9	16.3	20.4	11.2	21.6	16.5	24.2	14.2	20.4	14.8	12.9	13.8	11.7	12.7	19.3	13.3	16.3	16.5	12.5	14.5	29.4	13.9	17.7	
Displaying of tobacco products on powerwall	14.8	7.3	12.5	11.7	15.1	13.7	17.4	10.6	14.3	14.4	3.6	9.7	21.2	12.6	16.1	14.8	7.8	12.4	17.7	25.0	21.3	28.5	29.5	29.0	23.1	27.2	25.1	20.2	17.1	16.9	
Is there loose cigarettes sold	72.3	89.8	82.0	87.6	84.2	83.0	83.3	73.9	77.6	88.4	77.6	83.7	90.1	87.8	79.9	85.4	82.6	86.2	79.2	88.4	88.8	87.7	91.7	92.2	81.7	85.3	73.1	85.9	81.7	86.1	
Is there E-cigarettes sold to customers	2.1	4.6	8.5	6.7	5.9	7.3	8.5	4.4	16.8	29.6	1.5	6.0	1.8	3.7	3.5	4.7	5.9	7.9	4.3	7.9	3.2	8.6	0.0	0.0	7.2	6.4	6.6	11.7	5.4	7.8	
Is there Flavoured/Scented/processed chewable tobacco products sold to customers	17.2	27.6	8.2	11.6	12.8	15.4	2.2	9.8	10.3	13.2	14.2	23.7	12.4	16.3	6.7	19.6	15.8	19.3	11.2	15.8	32.7	34.6	9.9	17.6	14.6	45.8	12.4	22.8	12.9	20.9	

Table 3.6: Area wise compliance of Section-6(a), 6(b), 7, 8, & 9 in Haryana

COTPA ACT 2003 (Section wise response)	Bhiwani		Charkhi Dadri		Faridabad		Fatehabad		Gurgaon		Hissar		Jhajjar		Jind		Mahendragarh		Mewat		Palwal		Rewari		Rohtak		Sonapat		Overall	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Section- 6(a)																														
PoS displaying a signage	71.4	78.6	76.4	85.8	77.6	84.7	76.6	81.7	84.2	87.6	74.8	79.4	78.7	84.8	81.4	85.7	71.6	74.9	81.2	79.2	77.8	85.8	80.6	86.2	79.2	88.4	88.8	87.7	78.6	83.6
PoS displaying of signage specified size, text	82.0	87.6	84.2	83.0	83.3	73.9	77.6	88.4	77.6	83.7	90.1	87.8	79.9	85.4	82.6	86.2	79.2	88.4	88.8	87.7	91.7	92.2	81.7	85.3	73.1	85.9	81.3	83.7	82.4	85.7
PoS displaying signage at a prominent place	77.6	88.4	77.6	83.7	90.1	87.8	72.3	89.8	82.0	87.6	84.2	83.0	83.3	73.9	71.2	70.3	78.3	89.1	90.5	79.3	82.4	80.8	80.9	75.5	77.9	72.7	72.7	80.1	81.0	
PoS where vendor had the license (MC or FSSAI)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
PoS where vendor was minor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
PoS where the buyer was minor	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
PoS where vendor enquired about the age of buyer	71.6	84.8	83.7	90.8	75.4	81.6	85.4	81.6	80.8	85.4	71.6	85.7	79.8	85.4	81.7	86.8	78.8	81.7	71.4	84.8	79.4	82.7	74.8	79.4	86.0	75.8	73.7	84.8	78.2	83.7
Section- 6(b)																														
Sale of Tobacco products sale inside the education institutions	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Sale of Tobacco products within 100 yards from the main	88.0	91.6	90.8	91.2	93.6	92.6	94.3	86.3	90.7	88.5	93.4	89.4	91.1	88.9	92.3	90.5	92.5	93.2	92.9	89.6	93.7	91.5	88.7	73.9	89.5	81.7	90.7	88.5	91.6	88.4
Education institutions displaying prominent signage	78.1	81.2	64.6	81.4	73.7	75.4	59.5	67.4	85.3	85.0	85.1	78.1	71.8	75.2	77.5	76.8	77.1	72.4	64.2	68.7	77.5	81.0	85.9	79.2	91.1	88.9	92.3	90.5	77.4	78.7
Education institutions display visible sign of no smoking or chewing tobacco																														
Section- 7,8,9																														
Health warnings on packets of tobacco products	83.6	89.7	73.6	80.4	74.6	83.9	76.6	81.7	67.4	83.4	79.8	87.8	74.4	80.4	77.4	87.7	74.3	87.4	83.4	81.7	69.8	82.2	83.4	87.4	77.5	81.0	85.9	79.2	77.3	83.9
Health warning covers specified picture and text on display	93.3	92.4	93.8	83.0	88.0	91.6	90.8	91.2	93.6	92.6	94.3	86.3	90.7	88.5	93.4	89.4	91.1	88.9	92.3	90.5	92.5	93.2	92.9	89.6	93.7	91.5	88.7	73.9	92.1	88.8
Health warning written in white font with black background	93.6	92.6	94.3	86.3	90.7	88.5	93.4	89.4	91.1	88.9	92.3	90.5	92.5	93.2	92.9	89.6	93.7	91.5	76.3	65.7	70.6	83.6	78.1	81.2	84.4	82.8	82.9	77.5	87.6	85.8
Picture is not distorted, shortened or composed	93.6	92.6	94.3	86.3	90.7	88.5	93.4	89.4	91.1	88.9	92.3	90.5	92.5	93.2	92.9	89.6	93.7	91.5	88.7	73.9	89.5	81.7	90.7	88.5	91.1	88.9	92.3	90.5	91.9	88.1
HW information covering appropriate area on the pack	70.6	83.6	78.1	81.2	64.6	81.4	73.7	75.4	59.5	67.4	85.3	85.0	85.1	78.1	71.8	75.2	77.5	76.8	77.1	72.4	64.2	68.7	77.5	81.0	87.9	87.8	87.9	73.6	75.8	77.7
HW displaying in local languages	78.1	81.2	64.6	81.4	73.7	75.4	59.5	67.4	85.3	85.0	85.1	78.1	71.8	75.2	77.5	76.8	77.1	72.4	64.2	68.7	77.5	81.0	85.9	79.2	74.3	87.4	83.4	81.7	75.6	77.9
Message on the pack that directly or indirectly promote a	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Promotional message inserts inside the pack	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Conclusion and Recommendations

Though Haryana was one of the leading states to implement the law against public smoking and advertising of tobacco products in 2003, the compliance rate in the State is still less than desired in some districts and its policies require more rigorous enforcement with regard to display and sale of tobacco products and “No Smoking” signage at public places.

Section 4-

- From a total of 2702 public places visited, no smoking signage was displayed in around three-fourth (74.6%) places, out of which 86.7% were as per COTPA.
- Active smoking was not seen in 76.8% (2053) of the total places visited. **This shows the high and proper implementation of the Compliance of Section 4 in both urban and rural areas.**
- The contact details on signages were mentioned in 75.6% of the public places.

Section 5:

- Total 2688 Point of sales visited during the study, out of which 76.4% were not advertising the tobacco products.

Section 6a

- From the 2688 PoS visited, 86% of the PoS displayed the signage which shows “**Selling of tobacco products below 18 years is an offense**”.
- 80% were not enquiring about age proof.
- 16% were selling the products to the minors and 4.9% were selling the products by the minors.

Section 6b

- In order to check the compliance of Section 6 (b) total 420 Educational institutions were visited, 95% have displayed the signages which shows “**Prohibition on Sale of Tobacco Products Within 100 yards of Educational Institutions**”.
- All the institutions visited were strictly adhering to the compliance by not selling the tobacco products inside the campus.
- The tobacco products within 100 yards of educational institutions were not sold by 88% POS.

Section 7, 8, 9

- Total 2702 brands of tobacco products were observed across 14 districts in Haryana. 87% of all the brands including Cigarettes, Bidis and smokeless tobacco have health warning on their packaging except some local bidi and tobacco products.

Recommendations:

- Regular holding of SLCCs and DLCCs so that there is sensitization of all the stakeholders.
- Regular enforcement drives by multi stakeholder teams.
- Capacity building of officials from all the departments especially from Police and education dept.
- Ensure that there is no smoking at public places, no selling or buying of tobacco by and to minors, firm enforcement of Hookah Bar ban, no surrogate or direct advt. of tobacco products, TOEFI guidelines are religiously followed by all Educational institutes and tackle the sale of products without PHWs especially by involving Legal Metrology dept.
- Ensure strict implementation of ban on SLT under FSSAI.
- Ensure strict implementation of PECA 2019 banning sale of e-cigarettes.
- Ensure that TCCs are operational in Medical Colleges, Dental Colleges, DHs and SDHs so that we promote cessation services.
- Periodic, transparent reporting mechanisms for recording visits, violations and penalizations should be in place to promote unbiased implementation.
- Strengthening of State and District Tobacco Cells as per NTCP norms.

Annexure

Assessment of compliance of COTPA 2003 Act in Chandigarh

Study area: The study area included public places, educational institutes & point of sales

Study Design-Cross-sectional Study (Formative research)

Survey type- Observational survey

Study period –July-August, 2024

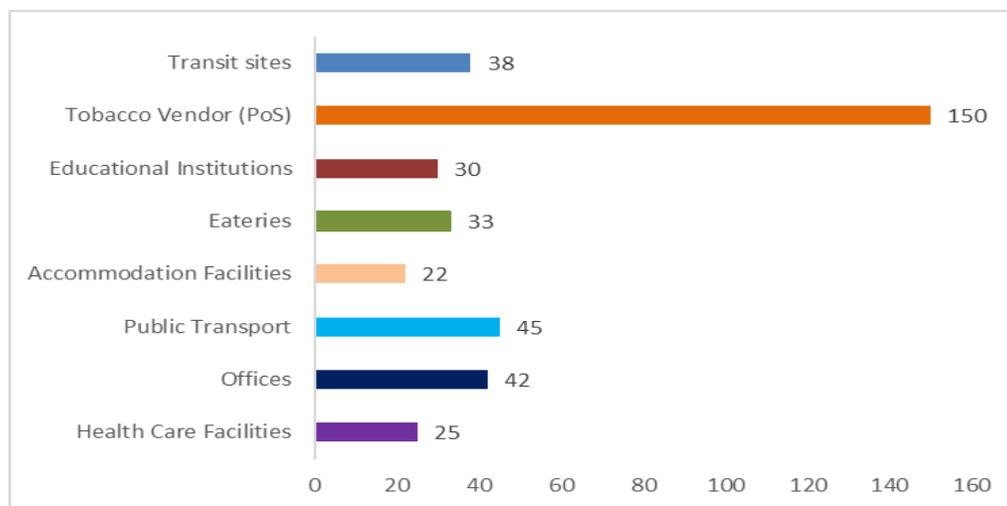
Geographical scope (Venues of visit) – For the purpose of study, all the potential public places were divided into 6 broad categories for Section 4:

1. **Accommodation facilities** (Hotels, rest houses, sarai, guest house, Dharamshala etc.)
2. **Eating facilities** (standalone restaurants, standalone canteens, bars, dhabas, street food vendors, food court etc.)
3. **Offices and workplaces** (Both in Government and private sector)
4. **Health care facilities** (Both in public and private sector: "Health Care Facilities: Clinics, Hospitals, dispensaries)
5. **Most frequently visited places** (Railway stations, market, bus stations, shopping malls, parks and tourist places etc.)
6. **Public Transport service** (Bus/Taxi/Maxi/Auto Rickshaws/Railway stations)

Section 6 (b)- Educational institutions: (Both in public and private sector: College/school/universities/coaching institute)

Section-6a,5 & 7,8,9- Tobacco retail outlets

Sampling frame work



Assessment of Compliance of COTPA 2003 in Chandigarh

385 public places in Chandigarh city were visited to record data on the compliance of sections 4, 5, 6a, 6b, 7, 8 and 9 of the COTPA act, 2003. Less than 40% of the public places observed in the Chandigarh city had signage showing prohibition, with half of those adhering to the norms. The provision of a designated smoking area was availed less than half percent of the time. Poor compliance of the act in the state is clearly evident by the combined instances of active smoking and bidi butts lying in public places, which is 62.6%.

The detailed observations of each section of the act are as follows.

Section 4:

A little over two-fifth (38.8%) of the public places were found compliant with all five indicators. Around 76% of the public places had cigarette stubs lying close to the entrance. Of all the public places in the study, entrances of around two-third (67%) of them were free of active smoking. Almost three-fourth of the public places were found to be free from active smoking (64%), cigarette/bidi stubs (76%) and smoking aids (43%).

Among 164 public places, the overall compliance with section 4 was found to be maximum at religious places (55%) and least at bus stops and construction sites (20%). Religious places, shopping malls, hospital buildings and libraries were fully compliant with the compliance indicators such as no active smoking (in premises), cigarette stubs and smoking aids, except a hospital where active smoking inside the boundaries was recorded. Of the total hotel/restaurants visited, 12 percent were recorded as compliant with all the five indicators.

Out of 164 places, the no-smoking signage/s was/were displayed at less than two-fifth (38%) of the premises; none of them was fully compliant with all the specifications laid for signage in the law. Of the 39 places (64.1%) displaying signage about a three-fourth (78.4%) had signage at the entrance, almost half (42.9%) had white background on signage, 'No Smoking' was mentioned in almost all places (75%), 'Smoking Here Is An Offense' was mentioned in 31% places and nine out of 39 (23%) places complied with the display of designation, name and phone number of a reporting officer. Among all categories of public places, the maximum proportion of government offices (18%) displayed no-smoking signage. Of all the public places surveyed, none of these had a smoking area.

Section 5:

Out of 150 PoS, nearly two-fifth (42.3%) had one or the other form of advertisement. Amongst them, nearly 62.4 percent and 64.8 percent had displayed direct and indirect advertisements, respectively. The compliance of tobacco product advertisement at PoS with COTPA was recorded least in 30 percent places. Product showcasing (63%) and advertisement boards (30%) were major forms of advertisement at the PoS. None of the advertisement boards complied with section 5 of COTPA. Although 62% PoS had displayed the mandated health warning, only one PoS had complied with white background and black letters as per the COTPA guidelines.

Section 6 (a):

Of the 150 PoS, more than two-third (66%) were free of any display of tobacco products within the visual range of minors. Among three categories of PoS, the compliance was lowest amongst temporary kiosks (35%). The sale of tobacco products to customers who could easily be identified as minors at the first glance was not seen in almost 80 percent of the PoS. This compliance varied from 66 percent at temporary kiosks to 82 percent at the permanent ones. The sale of tobacco products by minors was not found at PoS. Around 63% of the PoS display signage indicating 'Prohibition of sale to the person below 18 yr'.

Section 6 (b):

Almost two-third (68%) of the government EIs and one-third (36%) of the private EIs had at least one PoS within 100 yards of their boundaries. All the EIs were free from active smoking or sales of tobacco inside the campus. About 79 percent of EIs were free of any cigarette/bidi stubs or *Gutkha/Khaini* pouches. Three (private schools) out of 14 EIs were found displaying the signage indicating 'prohibition of tobacco around EIs' or 'Tobacco-free institute' as per section 6 (b) of COTPA.

Sections 7, 8, 9 and 10:

The compliance with components of specified health warning was as low as zero for smokeless tobacco and bidi packages due to the absence of manufacturing date. The textual and pictorial contents of the health warning were found to be least compliant in relation to foreign cigarettes (12.5%) as they did not use the pictures as mandated in the law. None of the smokeless tobacco packages had health warnings printed with 300 dots per inch or more, due to which the warning looked hazy. The misleading content on the principal area of the package was found in almost 80 percent of Indian cigarette packages and 100 percent of packets used for foreign cigarettes. The promotional messages such as menthol, mint flavor, special filter, kings, push the capsule in the filter, switch the capsule and the images indicating the promotion of the product were observed on all foreign cigarette packages.

COTPA ACT 2003 (Section wise response)	Responses
Section-4	
Public places displaying signages	38.3
Public places displaying signages at the entrance and other conspicuous	64.1
Public places having signages as per the specification of COTPA-2003	78.4
Public places where active smoking was observed	64.9
Public places where there was found of odor emanating from cigarette or bidi	76.6
Display of contact details of reporting person	27.2
Public places where smoking aids were found (ashtrays, matchboxes and lighters etc.)	42.7
Public places where Bidi butts were found	74.3
Public places where smoking area designated as per the specification of COTPA-2003	0.0
Section-5	
(Point of sale) PoS displaying advertisements	42.3
warning sign prohibiting the sales of tobacco products to persons below the age of eighteen years	62.4
Is any advertisement for tobacco products displayed inside	64.8
Displaying of tobacco products on Powerwall	29.5
Are there loose cigarettes sold	92.7
Is there E-cigarettes sold to customers	29.4
Is there Flavoured/Scented/processed chewable tobacco products sold to customers	62.4
Section- 6(a)	
PoS displaying a signage	79.4
PoS displaying of signage specified size, text	82.5
PoS displaying signage at a prominent place	76.9
PoS where vendor had the license (MC or FSSA)	5.6
PoS where vendor was minor	0.0
PoS where the buyer was minor	0.0
PoS where vendor enquired about the age of buyer	35.9
Section- 6(b)	
Sale of Tobacco products sale inside the education institutions	0.0
Sale of Tobacco products within 100 yards from the main institutions	0.0
Education institutions displaying prominent signage	68.2
Education institutions display visible sign of no smoking or chewing tobacco	68.2
Section- 7,8,9	
Health warnings on packets of tobacco products	68.2
Health warning covers specified picture and text on display area	56.6
Health warning written in white font with black background	71.8
Picture is not distorted, shortened or composed	62.6
HW information covering appropriate area on the pack	70.4
HW displaying in local languages	89.8
Message on the pack that directly or indirectly promote a brand	0.0
Promotional message inserts inside the pack	0.0

Conclusion and Recommendations:

Though Chandigarh was one of the leading cities to implement the law against public smoking and advertising of tobacco products in 2003, the compliance rate in the State is still less than desired and its policies require more rigorous enforcement with regard to display and sale of tobacco products and “No Smoking” signage at public places.

Recommendations:

- Regular holding of SLCCs so that there is sensitization of all the stakeholders.
- Regular enforcement drives by multi stakeholder teams
- Capacity building of officials from all the departments especially from Police and education dept.
- Ensure that there is no smoking at public places, no selling or buying of tobacco by and to minors, firm enforcement of Hookah Bar ban, no surrogate or direct advt. of tobacco products, TOFEI guidelines are religiously followed by all Educational institutes and tackle the sale of products without PHWs especially by involving Legal Metrology dept.
- Ensure strict implementation of ban on SLT under FSSAI
- Ensure strict implementation of PECA 2019 banning sale of e-cigarettes
- Ensure that TCCs are operational in Medical Colleges, Dental Colleges, DHs and SDHs so that we promote cessation services.
- Periodic, transparent reporting mechanisms for recording visits, violations and penalizations should be in place to promote unbiased implementation.
- Strengthening of State Tobacco Cells as per NTCP norms

Photographs (Meeting with district level authorities)



Rewari



Rewari



Jind



Fatehabad



Hisar



Jhajjar



Sonapat



Rohtak



Hisar



Jhajjar



Jhajjar



Hisar

Field Observation photographs



Hisar district



Jajjar district



Sonapat district

Comprehensive Compliance Survey of Provisions of COTPA-2003 in Haryana



Chandigarh



Fatehabad district



Bhiwani district



Charkhi Dadri district

Comprehensive Compliance Survey of Provisions of COTPA-2003 in Haryana



Palwal district



Rewari istrict



Hisar district



Comprehensive Compliance Survey of Provisions of COTPA-2003 in Haryana



Rohtak district



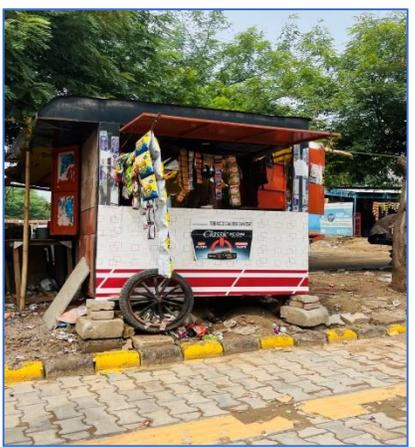
Sonapat district



Sonapat district



Gurgaon district



Mewat district

