



Operational Guidelines

National Tobacco Control Programme

**National Tobacco Control Cell
Ministry of Health and Family Welfare
Government of India
2012**



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Preface

Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases. India is the 2nd largest producer and consumer of tobacco and a variety of forms of tobacco use is unique to India. Apart from the smoked forms that include cigarettes, bidis and cigars, a plethora of smokeless forms of consumption exist in the country.

The Government of India has enacted the national tobacco-control legislation namely, "The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" in May, 2003. India also ratified the WHO-Framework Convention on Tobacco Control (WHO-FCTC) in February 2004. Further, in order to facilitate the effective implementation of the Tobacco Control Law, to bring about greater awareness about the harmful effects of tobacco as well as to fulfill the obligations under the WHO-FCTC, the Ministry of Health and Family Welfare, Government of India launched the National Tobacco Control Programme (NTCP) in 2007- 08 in 42 districts of 21 States/Union Territories of the country.

Since tobacco is a risk factor for a number of Non-Communicable Diseases (NCDs), there is an urgent need to have synergy of Tobacco Control Programme (NTCP) with the NCD Programme, i.e. the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS) as well as with other programmes like the National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE), to increase the outreach of the programme as well as better utilisation of the resources. The operational guidelines of the NTCP have been accordingly formulated to facilitate the State Governments and other implementing agencies and should be used as a reference document for various activities envisaged under NTCP.

I strongly believe that the implementation framework in the form of these guidelines will facilitate effective implementation of the program.

(P.K. Pradhan)



National Rural Health Mission



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Foreword

Tobacco is the leading global cause of preventable death. It kills nearly 6 million people and causes hundreds of billions of dollars of economic damage worldwide each year. Most of these deaths occur in low and middle income countries, and this disparity is expected to widen further over the next several decades. However, a substantial development took place in 2003 with the unanimous adoption of WHO Framework Convention on Tobacco Control (WHO-FCTC).

A number of countries have legislation restricting tobacco advertising, and regulating who can buy and use tobacco products, and where people can smoke. India has also enacted the tobacco control legislation namely, "The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act" in the year 2003. Further, India is one of the first few countries to have dedicated National Tobacco Control Programme (NTCP).

In September, 2011, the global tobacco control movement took on new prominence as global leaders came together in New York for the first ever United Nations High-Level Meeting on Non Communicable Diseases (NCDs). At this historic gathering, world leaders unanimously approved an action plan for combating NCDs that has the potential to meaningfully impact the tobacco epidemic. This plan calls for greater international collaboration and for programs that help combat tobacco.

These milestones are impressive, so are the challenges and opportunities ahead. With cross sector commitment and collaboration, millions of lives can be saved by preventing tobacco related deaths. Effective tobacco control, more than anything else, can substantially help reduce the toll of NCDs and prevent related deaths. An implementation framework in the form of operational guidelines of NTCP is one of our most important tools in this endeavor. I would like to congratulate all the contributors for their effort in formulating the guidelines and wish them all success.

(Dr. Jagdish Prasad)



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Acronyms

ASHA	: Accredited Social Health Activist
BCC	: Behavioural Change Communication
CHC	: Community Health Centre
COTPA	: Cigarettes and Other Tobacco Products Act
CVD	: Cardiovascular Diseases
DAVP	: Directorate of Audio-visual Publicity
DFP	: Directorate of Field Publicity
DGHS	: Directorate General of Health Services
DLCC	: District Level Coordination Committee
DTCC	: District Tobacco Control Cell
FCTC	: Framework Convention on Tobacco Control
GATS	: Global Adult Tobacco Survey
IEC	: Information, Education and Communication
MoHFW	: Ministry of Health and Family Welfare
NCD	: Noncommunicable Diseases
NGO	: Non Governmental Organization
NMHP	: National Mental Health Programme
NPHCE	: National Programme for Health Care of Elderly
NRHM	: National Rural Health Mission
NTCP	: National Tobacco Control Programme
NLCC	: National Level Coordination Committee
NPCDCS	: National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
NSSO	: National Sample Survey Organization
PHC	: Primary Health Centre
RCH	: Reproductive and Child Health Programme
RCTC	: Resource Centre for Tobacco Control
SLCC	: State Level Coordination Committee

SHS	: Second- hand Smoke
STCC	: State Tobacco Control Cell
TCC	: Tobacco Cessation Centre
WHO	: World Health Organization
NSSO	: National Sample Survey Organization
PHC	: Primary Health Centre
RCH	: Reproductive and Child Health Programme
RCTC	: Resource Centre for Tobacco Control
SLCC	: State Level Coordination Committee
SHS	: Second- hand Smoke
STCC	: State Tobacco Control Cell
TCC	: Tobacco Cessation Centre
WHO	: World Health Organization

Chapter I

Tobacco Epidemic and Related Strategies

1. Background and rationale

Tobacco is the foremost preventable cause of death and disease in the world today, killing half of the people who use it¹. Globally, it kills nearly 6 million people, of which nearly 0.6 million premature deaths can be attributed to exposure to second-hand smoke² (SHS), which is a mixture of the smoke given off by the burning end of tobacco products (side-stream smoke) and the mainstream smoke exhaled by smokers. If current trends continue, by 2030 tobacco use will kill more than 8 million people worldwide each year. It is estimated that 80% of these premature deaths will occur among people living in low and middle income countries. Over the course of the 21st century, tobacco use could kill a billion people or more unless urgent action is taken³. As per the Report on Tobacco Control in India (2004), nearly 8-9 lakh people die every year in India due to diseases related to tobacco use.⁴ Furthermore, up to one in five deaths from tuberculosis (TB) could be avoided if TB patients did not smoke⁵.

1.1 Tobacco use: A major risk factor for Noncommunicable Diseases (NCD)

Tobacco use is one of the common risk factors for 4 major Noncommunicable Diseases, i.e. Cancer, Cardio-vascular diseases, and accounts for more than two-third of all new cases of NCD. Tobacco use alone accounts for one in six of all deaths resulting from NCD.

There are evidences to prove that burden of NCD is increasing in low-income and middle-income countries like India and contributing to poverty, loss of productivity and increase in health costs. The NCD disproportionately affect individuals who are poor, thus further increasing inequalities, and in the process, are becoming a major barrier to development and achievement of Millennium Development Goals.

As per the WHO Global Report on “Tobacco Attributable Mortality⁶” 2012, 7% of all deaths (for ages 30 and over) in India are attributable to tobacco. Within communicable diseases, the deaths attributed to tobacco use accounted for 5% of all deaths caused by lower respiratory infections and 4% of tuberculosis deaths.

Within noncommunicable diseases group, 9% of deaths are attributable to tobacco, with 58% of such deaths being due to cancers of the trachea, bronchus and lung caused

¹ WHO MPOWER: A Policy Package to Reverse to the Tobacco Epidemic

² WHO Report on Global Tobacco Epidemic - 2009

³ WHO Report on Global Tobacco Epidemic - 2011

⁴ Ministry of Health & Family Welfare – Report on Tobacco Control in India (2004)

⁵ Evidence assessment: Harmful effects of consumption of gutkha, tobacco, pan masala and similar articles manufactures in India : National Institute of Health and Family Welfare - 2010

⁶ WHO Global Report on Tobacco Attributable Mortality (2012)

due to tobacco use. In addition, 25% of deaths caused by respiratory diseases and 28% of deaths caused by Chronic Obstructive Pulmonary Disease (COPD) are attributable to tobacco.

1.2 Global Adult Tobacco Survey (GATS) - India, 2010⁷:

Global Adult Tobacco Survey- India (GATS) is a nationally representative household survey conducted by Government of India, with technical support of WHO and Centre of Disease Control (CDC, Atlanta). It was conducted among population aged 15 and above to systematically monitor adult tobacco use and track key tobacco control indicators. The survey was carried out in all six geographical regions, covering both urban and rural areas of 29 states of the country and the two Union Territories of Chandigarh and Puducherry.

1.2.1 Key findings of the GATS – India

- 275 million adults in India (15 years and above), nearly 35% of the population, consume some form of tobacco.
- The most prevalent form of tobacco usage is smokeless tobacco with 206 million users. Smokeless tobacco use in India is the highest in the world with 25.9% of the adults, 32.9% of men and 18.4% women, using it.
- Among smokeless forms of tobacco, khaini (tobacco with lime mixture) is the most prevalent form (11.6%) followed by Gutkha (8.2%) and betel quid with tobacco (6.2%).
- Among smoking forms of tobacco, bidis are the most prevalent form (9.2%) followed by cigarettes (5.7%).
- The average age at initiation of tobacco use was 17.8 years with 25.8% of females starting tobacco use before the age of 15 years.
- Exposure to second-hand smoke remains high with 52.3% and 29.0% of the population exposed to second-hand smoke at home and at public places (mainly in public transport and restaurants) respectively.
- Five in ten current smokers (46.6%) and users of smokeless tobacco (45.2%) planned to quit or at least thought of quitting.
- Among 47% of users of smokeless tobacco who visited a health care provider 34% were asked by the health care provider whether they used smokeless tobacco and only 27% were advised to stop such use.
- Among 47% of smokers who visited a health care provider 53% were asked by the health care provider whether they smoked and only 46% were advised to stop smoking.

⁷ Ministry of Health and Family Welfare: Global Adult Tobacco Survey – India (2010)

1.3 India Global Youth Tobacco Survey (GYTS) 2009⁸:

The GYTS is a school-based survey designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programmes. The India GYTS was conducted in grades 8, 9 and 10 in the age group of 13-15 years. The third round of the survey was conducted in 2009 and it included data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price, exposure to secondhand smoke (SHS), cessation, media and advertising, and school curriculum. These determinants are key components which can guide a comprehensive tobacco control programme.

1.3.1 Key findings of India Global Youth Tobacco Survey (GYTS) 2009

- 14.6% of the youth (age group 13-15 years) consume some form of tobacco (19% are boys and 8.3% are girls)
- 4.4% currently smoke cigarettes (Boys = 5.8%, Girls = 2.4%)
- 12.5% currently use other tobacco products (Boys = 16.2%, Girls = 7.2%)
- 21.9% youths are exposed to second-hand smoke in their homes. 26.4% have one or more parents who smoke.

1.4 Harmful effects of tobacco on health

Smokeless tobacco contains about 3095 chemicals; among them 28 are cancer causing substances (carcinogens). Studies have also demonstrated presence of high levels of heavy metals (Lead, Cadmium, Chromium, Arsenic and Nickel) in tobacco products⁹. The use of smokeless tobacco is associated with cancers of oral cavity, oesophagus, stomach, pancreas & throat.

Likewise, tobacco smoke including secondhand smoke (SHS), contains more than 7,000 chemicals: hundreds of these are hazardous, and at least 69 of these are cancer causing substances (carcinogens). As per the report of Indian Council of Medical Research (ICMR), nearly 50% of cancers in males and 25% in females in India and more than 80% of all the oral cancers are directly attributable to tobacco use. A majority of the cardiovascular diseases and lung disorders are directly attributable to tobacco use. Other diseases which are associated with tobacco use are stroke, cataract, peripheral vascular diseases etc. Moreover, there are studies which show that tobacco use also leads to impotence. Tobacco use by pregnant women leads to low birth weight of babies, premature deliveries, still births and birth defects.

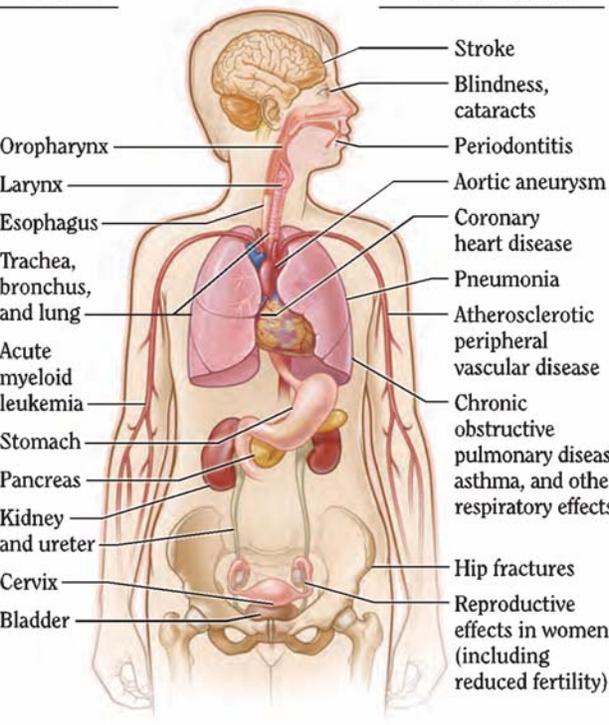
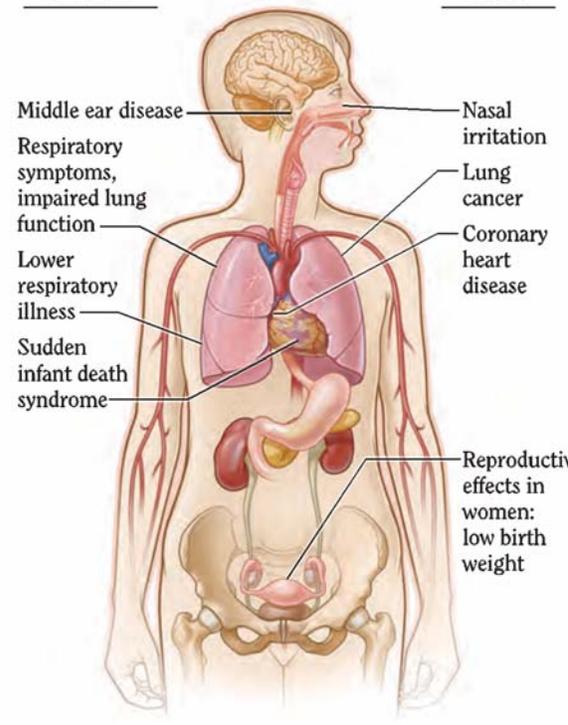
Inhalation of SHS is harmful and hazardous to the health of the general public and particularly dangerous to children. It increases the risk of serious respiratory problems in children, such as greater number and severity of asthma attacks and lower respiratory tract infections, and increases the risk of middle ear infections. Inhaling second-hand smoke causes lung cancer and coronary heart disease in nonsmoking adults.¹⁰

⁸ Ministry of Health and Family Welfare (2009) & WHO: Factsheet of Global Youth Tobacco Survey

⁹ Evidence assessment: Harmful effects of consumption of gutkha, tobacco, pan masala and similar articles manufactures in India : National Institute of Health and Family Welfare - 2010

¹⁰ Health consequences of involuntary exposure to tobacco smoke – A Report of the Surgeon General (2006)

Harmful effects of smoking and Secondhand Smoke Exposure

Smoking		Secondhand Smoke Exposure	
Cancers	Chronic Diseases	Children	Adults
 <p>Oropharynx</p> <p>Larynx</p> <p>Esophagus</p> <p>Trachea, bronchus, and lung</p> <p>Acute myeloid leukemia</p> <p>Stomach</p> <p>Pancreas</p> <p>Kidney and ureter</p> <p>Cervix</p> <p>Bladder</p>	<p>Stroke</p> <p>Blindness, cataracts</p> <p>Periodontitis</p> <p>Aortic aneurysm</p> <p>Coronary heart disease</p> <p>Pneumonia</p> <p>Atherosclerotic peripheral vascular disease</p> <p>Chronic obstructive pulmonary disease, asthma, and other respiratory effects</p> <p>Hip fractures</p> <p>Reproductive effects in women (including reduced fertility)</p>	 <p>Middle ear disease</p> <p>Respiratory symptoms, impaired lung function</p> <p>Lower respiratory illness</p> <p>Sudden infant death syndrome</p>	<p>Nasal irritation</p> <p>Lung cancer</p> <p>Coronary heart disease</p> <p>Reproductive effects in women: low birth weight</p>

Harmful effects of using smokeless tobacco



1.5 WHO Framework Convention on Tobacco Control (WHO-FCTC):

WHO Framework Convention on Tobacco Control (FCTC) is the first global health treaty negotiated under the auspices of World Health Organization (WHO). It is an evidence based treaty that reaffirms the right of all people to the highest standards of health.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic. The spread of the tobacco epidemic is facilitated through a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. Other factors such as global marketing, transnational tobacco advertising, promotion and sponsorship, and the international movement of contraband and counterfeit cigarettes have also contributed to the explosive increase in tobacco use.

Government of India ratified the WHO FCTC in February, 2004 and the treaty entered into force in February, 2005. It established a framework for an integrated multi-sectoral response to a grave public health problem. The WHO FCTC enlists key strategies for reduction of demand and supply of tobacco.

WHO FCTC Demand reduction measures

- Article: 6 - Raising taxes on all tobacco products to reduce the consumption
- Article: 7 - Non-price measures to reduce the demand for tobacco
- Article: 8 - Protection from exposure to second hand tobacco smoke.
- Article: 9&10 - Tobacco content and product regulation
- Article: 11 - Packaging and labeling of tobacco products.
- Article: 12 - Education, Communication, training and awareness
- Article: 13 - Prohibition on tobacco advertisement, promotion and sponsorship (including cross border advertising).
- Article: 14 - Promoting tobacco cessation and providing treatment for tobacco dependence

WHO FCTC Supply reduction measures

- Article: 15 - Regulation of illicit trade in tobacco products.
- Article: 16 - Prohibition on sales of tobacco products to and by minors.
- Article: 17 - Provision of support for economically viable alternative activities (livelihood and cropping) for tobacco farmers and workers.
- Article: 18 - Protection of the environment and health of persons in relation to the environment in respect of tobacco cultivation and manufacture.

1.6 MPOWER Package

The MPOWER package was introduced by WHO to assist all the countries/parties in implementation measures to reduce the demand for tobacco, as per the mandate of WHO FCTC.

The policy package to reduce tobacco use requires that proven tobacco policies and interventions be implemented, that they be informed by data from systematic surveys designed to target and refine implementation, and that rigorous monitoring is done to evaluate their impact. To implement the policy package, countries need to:

M - Monitor tobacco use	Intervention M 1: Obtain nationally representative and population based periodic data on key indicators of tobacco use for youth and adults
P - Protect people from tobacco smoke	Intervention P 1: Enact and enforce completely smoke-free environments in health-care and educational facilities and in all indoor public places including workplaces, restaurants and bars
O - Offer help to quit tobacco use	Intervention O 1: Strengthen health systems so that they can make tobacco cessation advice available as part of primary health care. Support quit lines and other community initiatives in conjunction with easily accessible, low cost pharmacological treatment where appropriate
W - Warn against the dangers of tobacco use	<p>Intervention W 1 : Require effective package warning labels</p> <p>Intervention W 2: Implement counter-tobacco advertising</p> <p>Intervention W 3 : Obtain free media coverage of anti-tobacco Activities</p>
E - Enforce ban on tobacco advertisement, promotion and sponsorship	<p>Intervention E 1 : Enact and enforce effective legislation that comprehensively bans any form of direct tobacco advertising, promotion and sponsorship</p> <p>Intervention E 2 : Enact and enforce effective legislation to ban indirect tobacco advertising, promotion and sponsorship</p>
R - Raise taxes	<p>Intervention R1: Increase tax rates for tobacco products and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power</p> <p>Intervention R2 : Strengthen tax administration to reduce the illicit trade in tobacco products</p>

1.7 Tobacco Control in India.

1.7.1 Cigarettes and Other Tobacco Products Act (COTPA) 2003: In order to discourage tobacco use and protect the youth and masses from the harmful effects of tobacco usage and second hand smoke (SHS), Government of India enacted “Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) in 2003”. The Act imposes progressive restriction on all tobacco products to reduce their demand and supply. The law is applicable to all tobacco products and extends to whole of India. The specific provisions of the COTPA include:

1. **Section 4:** Prohibition of smoking in public places
2. **Section 5:** Prohibition of direct and indirect advertisement, promotion and sponsorship of cigarette and other tobacco products.
3. **Section 6(a):** Prohibition of sale of cigarette and other tobacco products to a person below the age of eighteen years.
4. **Section 6(b):** Prohibition of sale of tobacco products within a radius of 100 yards of educational institutions.
5. **Section 7:** Mandatory depiction of statutory warnings (including pictorial warnings on tobacco packs).
6. **Section 7(5):** Display of tar and nicotine contents on tobacco packs.

1.7.2 National Tobacco Control Programme (NTCP)

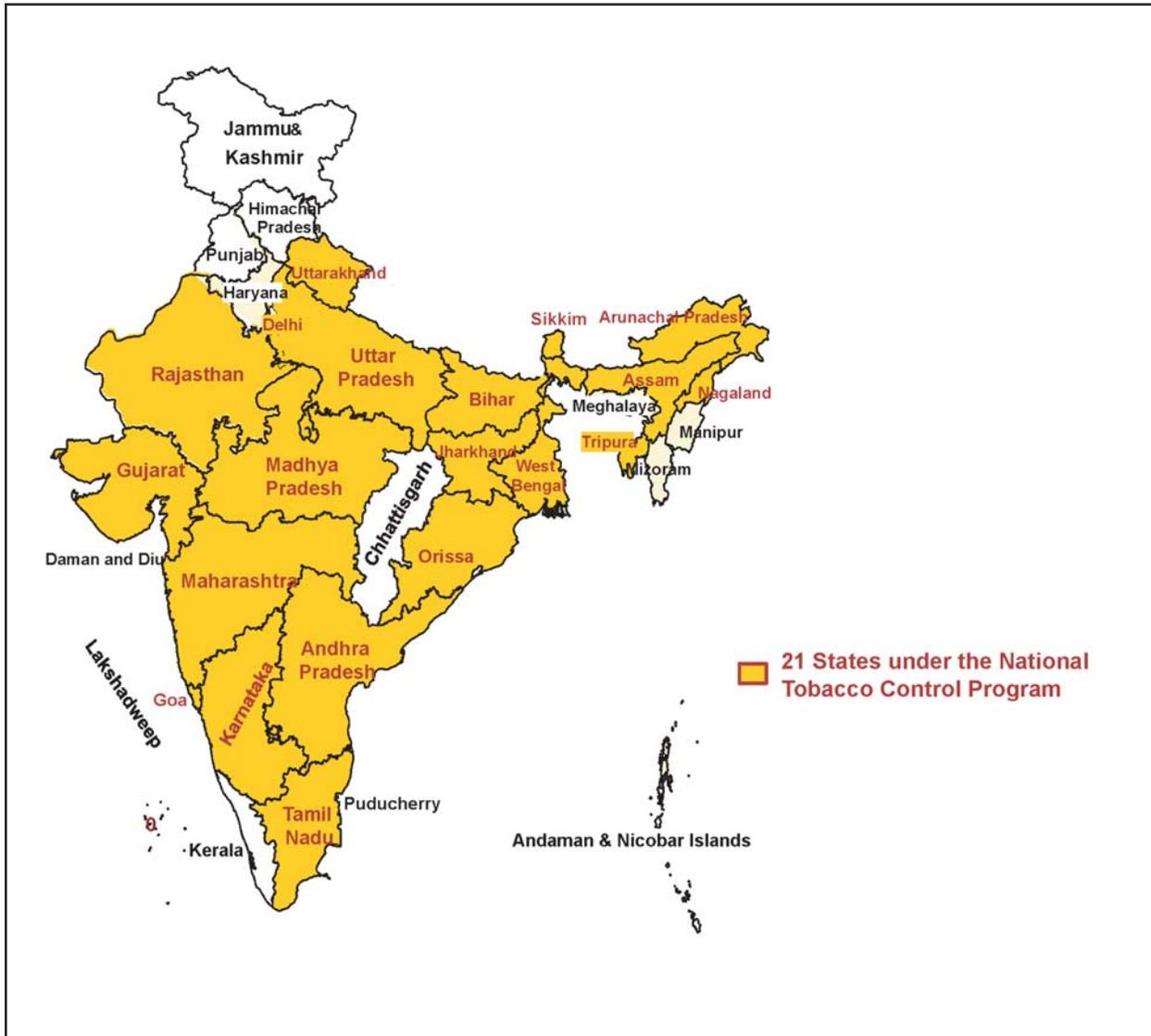
The National Tobacco Control Programme was launched by Ministry of Health and Family Welfare, Government of India in 2007- 08, during the 11th five year plan, with the following objectives:

- To bring about greater awareness about the harmful effects of tobacco use and Tobacco Control Laws.
- To facilitate effective implementation of the Tobacco Control Laws.

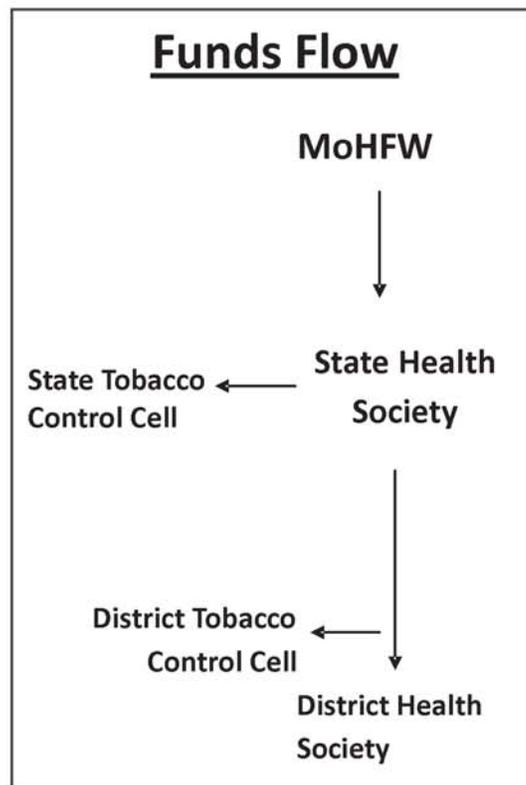
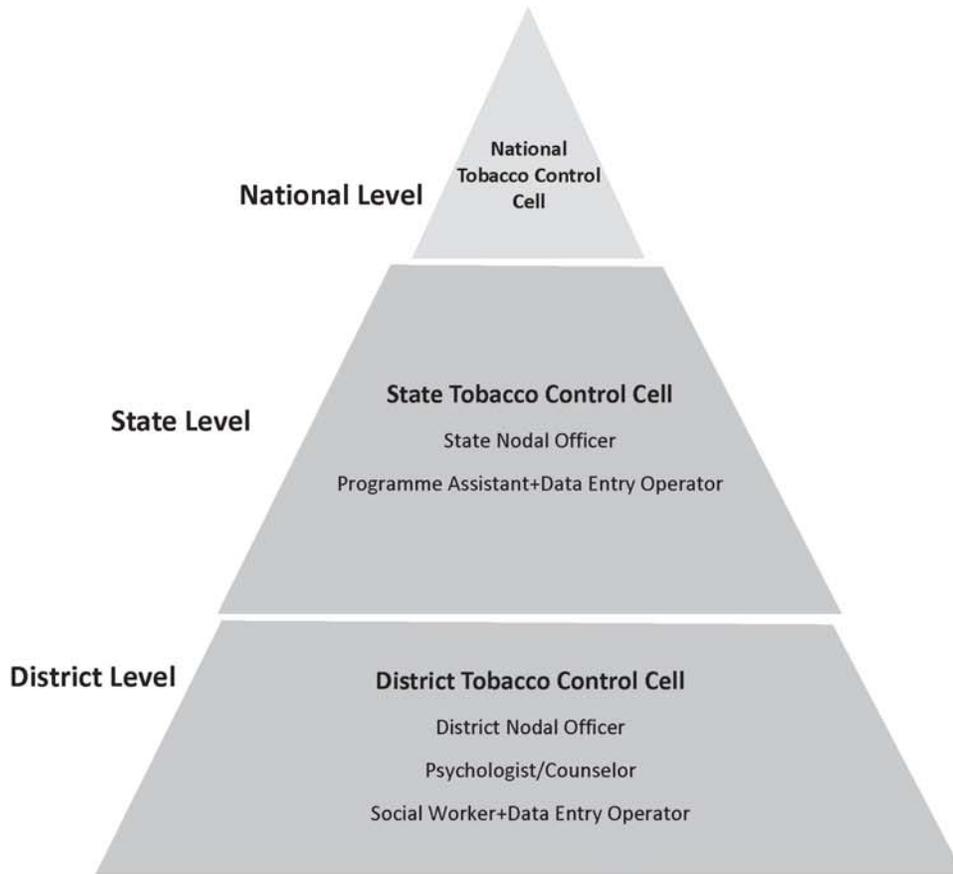
The programme was launched in 21 states covering 42 districts in a phased manner. In Phase-I of the programme, support was extended for setting up state as well as district cells. However, in Phase –II, only district cells were supported.

The list of states and districts under NTCP is at **ANNEXURE - I**

Coverage of NTCP in India



Structure of the National Tobacco Control Programme





Chapter II

National Tobacco Control Cell

The National Tobacco Control Cell (NTCC) is responsible for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the programme. The National Cell functions under the direct guidance and supervision of the programme in-charge from Ministry of Health & Family Welfare i.e. Joint Secretary/Director and the technical assistance is provided by the identified officers from the Directorate General of Health Services i.e. Deputy Director General (DDG) / Chief Medical Officer (CMO). The NTCC is supported by Consultants in specific areas of tobacco control like Policy, Legal, National Coordination and IEC & Advocacy.

The terms of reference of the consultants are at **Annexure - II**

2. Inter-ministerial Task Force: The multifaceted nature of tobacco epidemic in India calls for greater involvement of various stakeholder Ministries / Departments. Hence, an Inter-Ministerial task force has been constituted at national level under the Chairpersonship of Secretary (Health) to enhance Inter-Ministerial / Inter - Departmental coordination. The task force consists of representatives from 12 Departments of Government of India. In addition representatives from 7 State Governments & 2 from Civil Society Organizations are special invitees to the task force.

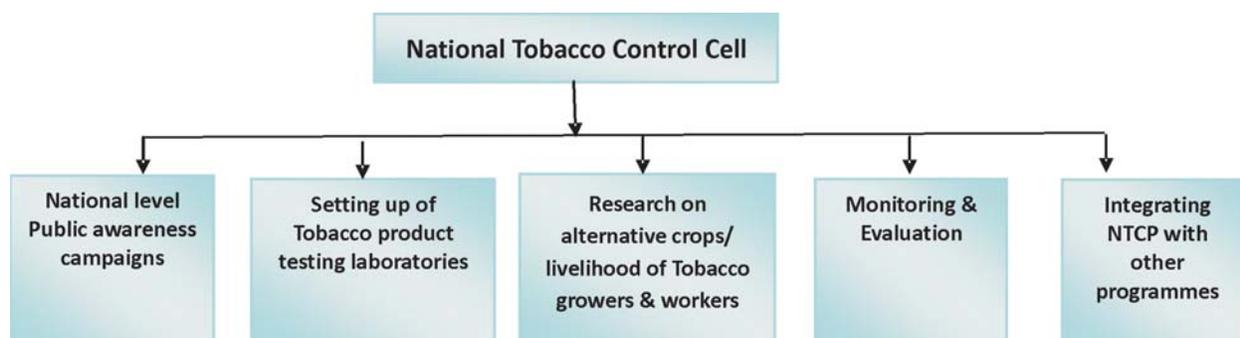
1. Secretary, Ministry of Labour.
2. Secretary, Ministry of Commerce.
3. Secretary, Department of Revenue.
4. Secretary, Department of Industrial Policy & Promotion.
5. Secretary, Ministry of Information & Broadcasting.
6. Secretary, Ministry of Agriculture.
7. Secretary, Department of Higher Education.
8. Secretary, Ministry of Rural Development.
9. Secretary, Ministry of Tribal Affairs.
10. Secretary, Department of Women & Child Development.
11. Secretary, Department of Youth Affairs & Sports.
12. CEO, Food Standards & Safety Authority of India.
13. Drug Controller General of India.

Special Invitees:

1. Secretary (Health & ME), Govt. of Jammu & Kashmir
2. Secretary (Health), Govt. of Mizoram
3. Principal Secretary (Health), Govt. of Gujarat
4. Principal Secretary (Health & FW), Govt. of Madhya Pradesh
5. Secretary (Health, Medical & FW), Govt. of Andhra Pradesh
6. Director, Regional Cancer Centre, Guwahati, Assam
7. Director, Regional Cancer Centre, Thiruvananthapuram
8. Dr. Srinath Reddy, President, Public Health Foundation of India
9. Sri Alok Mukhopadhyay, Chief Executive, Voluntary Health Association of India

2.1 Steering Committee: A National Level Steering Committee has been constituted under the Chairpersonship of Secretary (Health) to look into specific instances of violation of COTPA (section-5) and take action suo-moto. The steering committee consists of representatives from 3 Departments of Government of India. In addition representatives from Press Information Council of India, Press Information Bureau, Advertising Standards Council of India (ASCI) & from Civil Society Organizations are members of this committee.

2.2 Major Components and activities



2.2.1 National Level Public awareness/mass media campaigns for awareness building and behavioural change:

Mass media plays a key role in shaping tobacco-related knowledge, opinion, attitude and behaviour, and is an extremely powerful tool for influencing both individuals and policy-makers. It is effective for disseminating information on the ill-effects of tobacco, discouraging the use of tobacco products, encouraging tobacco cessation and creating awareness about the provisions of COTPA and the need to comply with them.

One of the key objectives of NTCP is to create public awareness about the harmful effects of tobacco usage, second hand smoke and various provisions under COTPA

(2003). This can be only achieved through sustained public awareness / mass media campaigns targeting in particular the youth, women and vulnerable population through appropriate communication strategies, using a combination of the media and other grassroots level interventions/approaches. Various TV/Radio spots and publicity materials (posters, stickers, handouts, factsheets) have been developed by Ministry of Health & Family Welfare (MoHFW) focusing on different themes and the same are being used to carry out sustained campaign at regular intervals. These TV/Radio spots have been translated in over 15 Regional languages for a wide variety of audience and can be downloaded from the Ministry's website at www.mohfw.nic.in.

2.2.2 Establishment of tobacco product testing laboratories:

As a statutory obligation to COTPA, Ministry of Health & Family Welfare is in the process of setting up one apex laboratory and four regional tobacco testing laboratories. These laboratories will test the contents and emissions of all the tobacco products (both smoking and smokeless forms) as per the extant Rules.

2.2.3 Mainstreaming research and training on alternative crops and livelihoods with other nodal Ministries:

Tobacco control is a multi-sectoral subject since there are a number of cross-cutting issues which do not lie within the domain of the Ministry of Health & Family Welfare. Issues like alternative crops (Ministry of Agriculture) and alternative livelihood for bidi rollers (Ministry of labour / Ministry of Rural Development) need involvement of other Government Departments / Ministries. Hence, there is a need to bring on-board these stakeholder Departments / Ministries. The MoHFW has already collaborated with Central Tobacco Research Institute (CTRI) for a pilot project on alternative cropping system to tobacco growing. The MoHFW is also in discussion with Ministry of Rural Development to work out special projects for the bidi workers under the National Rural Livelihood Mission (NRLM). In addition, research on critical and cross cutting issues like alternative livelihoods for people engaged in the tobacco sector and alternative cropping system need to be taken up to build scientific evidence.

2.2.4 Monitoring and Evaluation including Surveillance:

As part of surveillance of tobacco use, Global Adult Tobacco Survey (GATS), India was undertaken in 2009-10 with technical support of WHO and the Centre for Disease Control (CDC), USA, to systematically monitor adult tobacco use and track key tobacco control indicators. The data from GATS is being used to map the extent of tobacco epidemic across states, to facilitate formulation of region / state specific strategies and provide clear direction for future interventions. The GATS-India provides us baseline data and can also be used as a tool to evaluate the implementation of NTCP, if repeated on regular basis. There is a need to integrate the data on tobacco use and other key indicators in the ongoing health surveys like District Level Household and Facility Survey (DLHS), National Sample Survey Organization (NSSO), NCD Steps survey etc.

Further, in order to monitor the implementation of the NTCP at State/ District level NTCC has developed a reporting format in which data is collated at state/district cells and compiled by NTCC on a quarterly basis for regular monitoring of key parameters of the programme. The quarterly reporting format is at **Annexure - III**.

2.2.5 Integrating NTCP as a part of health-care delivery mechanism under the National Rural Health Mission (NRHM) Framework and with other national health programmes:

Tobacco has been identified as a risk factor for a number of communicable as well as noncommunicable diseases. Hence, it is suggested that the activities of NTCP at state/district level be synergized with NRHM and other national programmes by utilizing the existing manpower and infrastructure.

For capacity building of States / Districts, awareness generation through mass media and monitoring / enforcement of anti-tobacco law, the states must explore the possibilities of integrating it as part of the NRHM activities and through the existing state health care delivery mechanism.

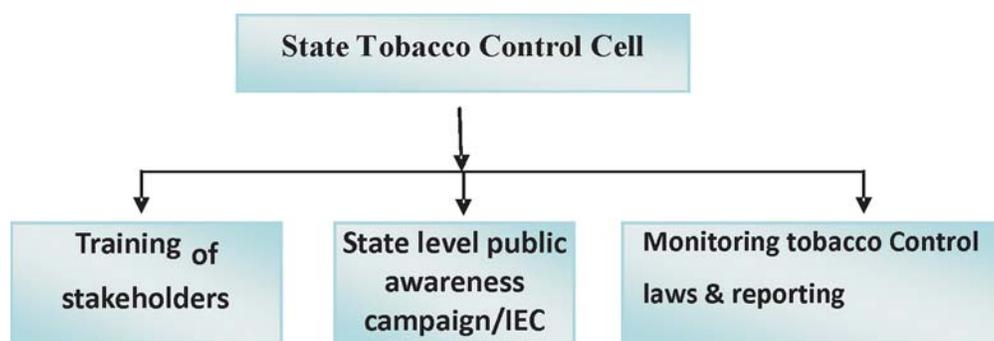
Similarly, the manpower available under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE) may be synergized for tobacco control measures as well. The tobacco cessation services may be included as part of the counselling services under NPCDCS, NMHP/Drug-de-addiction Programme(s), Integrated Counseling cum testing Centre (ICTC) under the National AIDS Control Programme.

To achieve the desired synergy between these programmes, it is suggested that the State Government should depute a common Nodal officer for all NCD programmes like National Tobacco Control Programme (NTCP), National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE), since it will not only facilitate in bringing synergy among various common activities under the programmes such as training, IEC, Cessation etc. but also help in optimum resource utilization for various programmes.

Chapter III

NTCP at State level

Every identified State/UT has a State Tobacco Control Cell (STCC) in the State Health Department. The space for setting up the STCC is provided by the State Government. The STCC is responsible for overall planning, implementation and monitoring of the different activities, and achievement of physical and financial targets planned under the programme in the State.



The STCC is headed by a State Nodal Officer, who is a Senior Officer from State Department of Health preferably on a full time basis, to look after all the NCD programmes like [NPCDCS, NTCP, NMHP, NPHCE]. Other team members of this cell include Programme Assistant and Data Entry Operator appointed under NTCP. This cell may be placed as a subset of National Rural Health Mission under the overall supervision of MD NRHM in the states.

- 3. State level Coordination Committee:** Every state should have a State Level Coordination Committee headed by Chief Secretary or his nominee and Principal Secretary/Secretary (Health) as the member secretary. The State Nodal officer will extend support to the member secretary in convening the meetings of the SLCC. The other members of the committee and their roles may be as under:

SI No.	Departments/Agencies	Roles
1.	Principal Secretary /Secretary (Health) or MD NRHM as Member Secretary	<ul style="list-style-type: none"> Nodal Secretary for convening the meeting. Regular monitoring, review and supervision of National Tobacco Control Programme
2.	Principal Secretary (Home) or his nominee	<ul style="list-style-type: none"> Direct the State Police Heads to enforce all the provisions under COTPA Regular review of COTPA implementation in the monthly crime review meetings and regular collection of violation related data.
3.	Principal Secretary (School / Higher Education) or his nominee	<ul style="list-style-type: none"> Implementation of tobacco-free school guidelines in all schools. Make all schools tobacco-free premises. Inclusion of harmful effects of tobacco use in the school curriculum

SI No.	Departments/Agencies	Roles
4.	Principal Secretary /Secretary (Finance) or his nominee	<ul style="list-style-type: none"> Administration and harmonization of Tax on all tobacco products. Ensure reduction in illicit trade and tax evasion by tobacco industry.
5.	Principal Secretary/Secretary (Rural Development)	<ul style="list-style-type: none"> Alternative Livelihood programme for the Bidi Rollers
6.	Secretary Labour / Labour commissioner or his nominee	<ul style="list-style-type: none"> Ensure that all tobacco products manufactured in registered factories print the pictorial health warnings. Sensitization of Bidi Rollers about the health hazards of bidi rolling Vocational training to bidi rollers for alternative livelihood.
7.	Secretary Transport/Transport Commissioner or his nominee	<ul style="list-style-type: none"> All public transport vehicles to be Smokefree / Tobacco-free. No direct/indirect advertisement of tobacco products like gutkha , pan masala on state transport bus panels and its premises Display of anti-tobacco messages on the Transport department properties including bus panels, bus stands, bus tickets etc
8.	Representative from Department of Railways	<ul style="list-style-type: none"> All the railway platforms, its premises and trains to be tobacco free. No sale of gutkha, pan masala and other tobacco products on railway platforms and trains Display of anti-tobacco messages on the railway properties including train panels, platform , railway tickets etc.
9.	Secretary Agriculture or his nominee	<ul style="list-style-type: none"> Alternative Cropping options for Tobacco Growers Awareness generation among the farmers about the harmful effects of tobacco growing as well as use.
10.	Secretary Public Relations/ Information or his nominee	<ul style="list-style-type: none"> State wide public awareness campaigns on harmful effects of tobacco use and provisions under COTPA. Develop awareness campaign materials for display at local events, melas, state IEC campaigns. Assist in development/adaptation of local IEC campaign materials for display and dissemination at local events, melas, local IEC campaigns.
11.	Civil Society organizations working on Health / tobacco control or his nominee	<ul style="list-style-type: none"> Integrate tobacco control in all their ongoing interventions. Monitor violations of tobacco control laws and bring them to the notice of Authorities/steering committee. Collaborate with State Government/Local Government on awareness generation. Work with the Communities and CBOs, Panchayati Raj Institutions and Urban Local Bodies to create awareness against tobacco use and strengthen the implementation of COTPA.
12.	Collector/DM from one/two districts or his nominee	<ul style="list-style-type: none"> Represent District Administration and highlight the concerns of the implementation at District level.
13.	Secretary (Law) or his nominee	<ul style="list-style-type: none"> Advise the state level committee on legal issues pertaining implementation of COTPA..
14.	Secretary (Panchayati Raj) or his nominee	<ul style="list-style-type: none"> Enforcement of COTPA through the 3-tier elected Panchayati Raj Institution in the rural areas

SI no 5 & 9 are applicable for tobacco producing and bidi rolling States

This committee is responsible for overall implementation of National Tobacco Control Programme and COTPA in the state. States may also form a small working group with representatives from select key Departments who will monitor the activities under NTCP on day to day basis. The working group may meet on a monthly basis; however, the SLCC should meet every quarter to review progress.

3.1 Activities of State Tobacco Control Cell (STCC): The major activities of STCC are:

3.1.1 Training: STCCs should train multiple stakeholders for tobacco control through state level advocacy workshops/sensitization programmes. Efforts should be made to involve all the state government departments for tobacco control. Specific/tailor made trainings should be organized for Academicians, Health / Medical Professionals, Students, Police, Food & Drug Safety authorities, Judiciary, Media etc. For this purpose, they should work very closely with NGO partners and involve them in advocacy workshops.

The STCC should also make efforts to make inroads into the ongoing trainings of different Departments/programmes like Police, RCH, Adolescent Health, Excise Officers etc. wherein a session on harmful effects of tobacco use and the provisions under COTPA may be included.

Suggestive Training Plan

	No of trainings	No of participants	Budget */ Training (₹.)
State Level Advocacy Workshop 1 day duration	1	100	50,000
Training of Trainers programme (2 day duration) on tobacco control laws and related issues including NTCP	1	25	30,000
Training on tobacco cessation (1/2 day) for Health care providers	2	30	20,000

* Indicative only - can be modified as per state specific requirements

3.1.2 Integrating Tobacco Control with other health programmes/activities: The tobacco control initiatives may be integrated with NCD programmes like Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE) and also Revised National Tuberculosis Control (RNTCP) programme being implemented in the states. The state team should also collaborate and cooperate with the team members of other health programmes under NRHM.

3.1.3 Incorporating Tobacco Control in the state level IEC campaign: The IEC material developed by the NTCC can be locally adapted by the state team. The STCC is expected to guide and organize extensive IEC activities including health melas, bill

boards, hand bills, posters, street plays, local cable network etc. Efforts should also be made to integrate the IEC under NTCP with the State Health IEC under NRHM / NPCDCS /RNTCP or other similar Health Programmes to have better focus and to derive greater benefits.

3.2 Manpower for STCC

There is provision of recruitment of two contractual staff at the state level to assist the State Nodal Officer in tobacco control initiatives. The two personnel are: Programme Assistant and Data Entry Operator.

The terms of reference of the above personnel is at **Annexure - IV**

The state teams should be trained at the national level by the staff involved in NTCP through training workshops organized at regional level. They should also be given the opportunity to participate in trainings and meetings organized by MoHFW or by other agencies working on tobacco control.

3.3 Role and Responsibilities of STCC:

The following roles and responsibilities of STCC are indicative and not exhaustive:

1. Implementation, supervision and monitoring of the various activities of the programme as per the quarterly report format.
2. Recruitment of the staff at the state /district tobacco control cells, training of the staff and guidance to the District cells.
3. Establishing tobacco cessation clinics in health care facilities and up-scaling tobacco cessation facilities through training of health care providers.
4. Organizing state level training/sensitization programmes on tobacco control.
5. Sharing and disseminating all the government orders and best practices to the districts.
6. Enforcement of COTPA
 - Display the Act and the Rules on the official website of the state and regular communication to the officers of other departments who are authorized for enforcement of various provisions of the Act and the Rules
 - Open a separate head of account, printing of challan and receipt books and sending the same to districts.
 - Constitution of a State Level Monitoring committee for section – 5 of COTPA and to take cognizance of the direct/indirect advertisement of tobacco products.
 - Conducting regular checks at public places, public conveyances, point of sale etc for compliance with COTPA.
7. Adapting IEC materials developed by NTCC and disseminating it to districts.
8. Advocacy and networking with NGOs, Nehru Yuva Kendras Sangthan, National Service Scheme, National Cadet Corps (NCC), Indian Medical Association, Indian Dental Association, Rotary International, SHGs etc for creating awareness against tobacco.

9. Coordination with Departments of Agriculture, Social Welfare, Rural Development, Labour and other stakeholders for developing sustainable alternative crops and livelihood for tobacco growers/ workers and bidi rollers.
10. Coordination with the Finance/Taxation Department for progressive increase of taxes on tobacco, tobacco products and inputs thereon.
11. Coordination with Department of Education for reaching out to the youth and young children.
12. Ensuring regular reporting to NTCC and assisting districts in timely submission of Utilization Certificate (UC) to ensure regular fund flow.
13. Documentation of the best practices on tobacco control in the state and sharing thereof within the state and beyond.

3.4 Financial Guidelines

Funds shall be released by MoHFW to States/UTs through the State Health Society to carry out various activities under the program. The state Health Society should further release funds to the District Health Society for carrying out the identified activities in the district.

The States/Districts should have the flexibility for inter-usability of funds from one component to another limited to a ceiling of 10%. However, for shifting the budget from one head to another, prior permission of MoHFW is required.

Every state should spend at least 75% of the funds released to it before sending the requisition for the next instalment. The request for instalment should be accompanied by Statement of Expenditure (SOE) and Utilization Certificate (UC) of the funds released.

The prescribed formats for Statement of Expenditure (SOE) and Utilization Certificate (UC) are given at **Annexure - V**

3.5 Annual budgetary provisions of State Tobacco Control Cell

S.No.	Particulars	Budgetary Details (₹)
1.	Remuneration a. Programme Assistant -1 @ ₹ 10,000/- per month b. Data Entry Operator -1 @ ₹ 6000/- per month	1,20,000/- 72,000/-
2.	IEC	3,00,000/-
3.	Training	1,00,000/-
4.	Contingency expenditure/ Monitoring the implementation of the programme	1,00,000/-
5.	One time grant for one computer with printer / accessories	60,000/-
Grand Total		7,52,000/-



Chapter – IV

NTCP at District Level

Every identified district should have a District Tobacco Control Cell (DTCC) in the District Hospital. The space for setting up the DTCC should be provided by the district authorities. The District Tobacco Control Cell is responsible for overall planning, implementation, and monitoring of the different activities and achievement of physical and financial targets under the programme at the district level. The role of the DTCC is crucial as most of the activities under NTCP are to be implemented at district and sub district level.

The DTCC is headed by District Nodal Officer preferably Chief Medical Officer/Civil Surgeon on a full time basis. For achieving synergy, it is desirable that the District Nodal Officer under NTCP is also given the responsibility to look after the NCD programmes like Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP) and National Programme for Health Care of Elderly (NPHCE). Other team members of this cell include a Psychologist /Counselor, Social worker and Data Entry Operator appointed on contract basis under NTCP. Every District should constitute an enforcement squad preferably under the Collector/ District Magistrate (DM). The squad will be responsible for monitoring compliance with COTPA and taking action against any violations in the district.

- 4. District level Coordination Committee (DLCC):** Each district should have a District Level Coordination Committee chaired by Collector or District Magistrate, and District Nodal Officer as the member secretary, who should convene the meetings of the Committee. The other members of the Committee and their roles are as under:

S. No.	Department/Officer	Responsibility
1.	Chief Medical Officer – Member Secretary	<ul style="list-style-type: none"> • Nodal Officer for convening the meeting. • Regular monitoring, review and supervision of District Tobacco Control Programme
2.	Superintendent of Police	<ul style="list-style-type: none"> • Form enforcement squad • Enforce and monitor all the provisions under COTPA • Regular reporting of the violations during the monthly crime review meetings
3.	District Education officer	<ul style="list-style-type: none"> • Implementation of tobacco-free educational institutions guidelines. • Monitor section 4 & 6 of the Tobacco control Act. • Awareness programmes in the schools and community outreach activities in rural areas /urban slums through involvement of school children.
4.	Sales tax officer	<ul style="list-style-type: none"> • Ensure that the tobacco products manufactured and packaged by industries registered under them depict the notified pictorial health warnings thereon. • Keeping a check on illicit manufacture and trade of tobacco products. • Check tax evasion by tobacco industry.

S. No.	Department/Officer	Responsibility
5.	District Information officer (DIO)	<ul style="list-style-type: none"> • District wide public awareness campaigns on harm effects of tobacco use and provisions under COTPA. • Develop local IEC campaign materials for display and dissemination at local events, melas, local IEC campaigns.
6.	BDO/SDM of select Blocks & Two BDC members on rotation basis	<ul style="list-style-type: none"> • Represent Block Administration and highlight the concerns of the implementation at Block level. • Alternate livelihood programme for bidi rollers under NRLM/SGSY
7.	Municipal officer	<ul style="list-style-type: none"> • Enforce all the provisions of COTPA through Municipal Ward committees. • Inclusion of compliance with COTPA in all licenses issued to eateries/shops etc
8.	Principals of select school / colleges	<ul style="list-style-type: none"> • Implement school programme and create tobacco free educational institutions. • Involvement of students in campaigns and organizing events against tobacco use • Implement section – 4 & 6 of COTPA
9.	District Labour Officer	<ul style="list-style-type: none"> • Ensure that all tobacco products manufactured in registered factories print the pictorial health warnings. • Vocational training to bidi rollers for alternative livelihood. • Sensitization of bidi rollers about the Health hazards of bidi rolling
10.	Agriculture Extension officers	<ul style="list-style-type: none"> • Awareness generation on alternative crops options for tobacco growers • Awareness generation among the farmers about the harmful effects of Tobacco growing as well as use.
11.	Civil Society organizations working on Health / tobacco control/livelihood	<ul style="list-style-type: none"> • Integrate tobacco control in all their ongoing interventions. • Monitor violations of tobacco control laws and bring them to the notice of Authorities/steering committee. • Collaborate with State Govt/Local Govt on awareness generation, help planning IEC strategies • Work with the Communities and CBOs, Panchayati Raj Institutions and Urban Local Bodies to create awareness against tobacco use and strengthen the implementation of COTPA.

SI no 9 & 10 are applicable for tobacco producing and bidi rolling States

4.1 Activities of District Tobacco Control Cell (DTCC): The major activities of District Tobacco Control Cell are:

4.1.1. Training and Capacity Building of relevant Stakeholders

- a) **Target Trainees:** Training and capacity building is an important activity of DTCC. DTCC, under its initiative, should organize training programmes for multiple-stakeholders in the district, which include Doctors, Nurses, Community Health Workers, ASHAs, Civil Society Organizations, NCC, NSSO, IMA, IDA, Teachers,

officials from Enforcement Dept like Police, Food Authorities, Municipal officers etc.

- b) Training Modules:** The key areas/topics to be covered for the training programmes should include: introduction of and key provisions under the National Tobacco Control Programme, Tobacco Control Act; prevalence of tobacco use; types and forms of tobacco; adverse health effects of tobacco use; socio-economic consequences of tobacco use; benefits of quitting tobacco; role of civil society and other stakeholders in tobacco control at district level. The participants should be provided with existing training modules and other necessary resource material.
- c) Resource persons for training:** The resource persons for the training sessions should be carefully selected according to their areas of interest. Effort should be made to identify local resource persons along with a few experts from the State as well as from the national levels.
- d) Number and duration of trainings:** There should be three categories of trainings at the District level:
- i) One District level advocacy and capacity building workshop for multiple stakeholders at District Level. This should be a full day workshop and the number of participants should be 100. Efforts should be made to involve members from the District Administration and the District Magistrate/Collector may be invited as the chief guest in the workshop. Local politicians and policymakers may also be included in the guest list.
 - ii) Ten training workshops for target groups should be organized throughout the year with 50 participants in each group. These trainings should be of half-a-day and the staff of District Tobacco Control Cell should organize them in the workplaces/offices of the trainees / groups.
 - iii) Integrating a session on tobacco control laws and related issues in existing training programmes or organized by NRHM or other departments like Police, Food & Drugs Administration, Excise, Department of Women and Child Development etc. The members of District Tobacco Control Cell should make efforts to include a session on tobacco control in the agenda in the existing training programmes under different national programmes (both health and non-health).

Suggestive Training Plan

	No of trainings	No of participants	Budget * per training (₹)
District Level Advocacy Workshop 1 day duration	1	100	50,000
Training /sensitization ½ day duration	6	50	15,000
Training on tobacco cessation	4	30	15,000

* Indicative only - can be modified as per district specific requirements

- e) Tentative training schedule/ training agenda is at **Annexure - VI**.

4.1.2. School Awareness Programmes

School awareness programmes should be conducted to help the youth and the adolescents to acquire the knowledge, attitude and skills that are required to make informed choices and decisions and understand the consequences of tobacco use. It will empower students to contribute to the creation of tobacco-free environment in which they can learn and live. It is important to sensitize children at an early age and reinforce the same message at later stage.

There can be two models in school programme : i) integrate tobacco control activities in the schools already having /existing school health programme; and ii) initiate tobacco control programmes in 50 schools in a district (Tobacco-free School guidelines are at **Annexure - VII**)

a) Number of schools in a District

50 schools in one district per year should be adopted and included in school awareness programme. Selection of the schools should be done carefully with a combination of government and private schools. The programme should target the students of middle school and onwards.

b) Implementation of School Programme

NGOs working on tobacco control issues or health programmes may be identified by DTCC and engaged for implementing the school programmes. The district nodal officer should regularly guide and monitor the activities of NGOs. S/he should also monitor the activities conducted in the schools covered under the programme. (Guidelines for selection of NGOs under the National Tobacco Control Programme (NTCP) are at **Annexure - VIII**)

c) For Steps for implementation of school programme refer **Annexure - IX**

d) Training module and guidelines for Teachers: the following training module for teachers along with other training material has been developed:

- A guide for teachers by Directorate General of Health Services & MoHFW
- Other IEC/Campaign materials developed by MoHFW.

e) The annual budget for school programme per school should be ₹ 8000/- (Total ₹ 8000× 50 = ₹ 4,00,000)

4.1.3. Setting up and expansion of tobacco cessation facilities

Tobacco contains nicotine which is a highly addictive substance and leads to chronic nicotine dependency. To overcome this dependency, the tobacco users need help and counselling to gradually quit tobacco use. Thus, death and debilitating disease due to tobacco use can be reduced significantly through an increased emphasis on cessation programmes. Studies¹¹ have indicated that by 2050, if the focus is only on prevention of initiation and not cessation of tobacco use, the result will be an additional 160 million deaths among smokers.

¹¹ Ministry of Health & Family Welfare – Report on Tobacco Control in India (2004)

a) Setting up Tobacco Cessation Centres (TCCs)

For setting up tobacco cessation centres/services, the first step should be to identify the possible places where tobacco cessation facilities could be integrated. The possible places could be the Medical Colleges, Tertiary Care Centres (TCCs) set up under the NCD programme on Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), Dental Colleges, Specialty Hospitals, District Hospitals, de-addiction clinics, DOTS centres, Private Hospitals, Sub-Centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), etc. In a district, the efforts should be made to provide tobacco cessation services in OPD preferably 2-3 days in a week in each district hospital where those who want to quit can be referred and counseled as per set protocol. Further, in order to upscale the cessation facilities at district and sub-district level, the Medical Officers, ANM at Community Health centre, Primary Health Centre, Sub-centre should be trained to provide guidance on tobacco cessation so that they act as satellite centre for providing cessation services and to can refer appropriate cases to the District Hospitals.

Space is an important factor for running a TCC and there should be enough privacy to sit for the patients to discuss the problems with the therapist/counselor. Similarly certain equipments like Carbon Monoxide monitor and Spiro-meter are useful in providing effective cessation facilities.

b) Who can provide Tobacco cessation services?

Any health care professional with some training can provide tobacco cessation services that include Doctors, Psychologists, Social Workers, Nurses, and Dentists. Experienced lay counselors can also provide basic tobacco cessation services. However, pharmacological interventions can be carried out only by medical practitioners. ANMs can also be trained to provide simple guidance on tobacco cessation.

c) Training of the manpower

Ideally a TCC should have staff trained in both psychological as well as in pharmacological interventions. But irrespective of professional background, staff in TCC should possess certain attitude and skills which can be developed through trainings.

The staff members of District Tobacco Control Cell, the Psychologist and the Social Worker, should need to be trained, preferably at regional or state level so that they can further train community health workers and other stakeholders in the district. Periodic refresher programmes may also be conducted for them to keep up with the latest developments in the clinical practices for tobacco cessation. There should be four training programmes in a year organised for training various stakeholders/community health workers in the district.

Activities to be conducted by the TCCs

To promote and publicize about the tobacco cessation facilities in the community, the District Tobacco Control Cell should use the local media/ wall writing/ pamphlets/

posters etc. It should also organize awareness camps in the community where IEC material should be kept for tobacco users.

e) Community-based counselling

Community-based counselling is an effective strategy for primordial prevention and also for helping smokers to quit or in preparing them to quit. The Tobacco cessation services work best when supported by a comprehensive community based counselling. For this purpose, the households having tobacco users may be listed for regular follow up and one to one interaction may be carried out to encourage the tobacco users for complete cessation.

4.1.4. Information, Education and Communication (IEC)/ Media Campaign

- a)** The District Tobacco Control Cell should use a mix of media methods to reach different target audience. The message on harmful effects of tobacco use should be communicated through health melas, billboards, hand bills, posters, street plays, local cable network, wall writings, traditional/folk media etc. Specific IEC strategies should be developed by DTCC keeping in consideration the local needs. The support of NGOs and other partners may be enlisted to play an important role in organizing IEC activities.
- b)** The district teams can synergize their campaign with the national level media campaign. To make the campaigns cost effective, the IEC material developed at national level will be sent to states/ districts for adaptation/translation in local language.
- c)** The district team may develop a mobile exhibition kit with posters and standees. This will have a small tent/kiosk which can be set-up in any conspicuous location or in any exhibition. Some audio-visuals may also be shown which will have an immediate impact. This mobile exhibition kit can be easily carried from one place to another throughout the year and may be run in a cost effective manner.
- d)** Wall paintings/writings in local languages are also useful and a cost effective strategy of reaching out to the people to educate them about adverse effects of tobacco use and also to communicate about the tobacco control law. Wall writings / paintings on the provisions under COTPA and the signages may be made at all sub-centres, PHCs, CHCs, and school walls.
- e)** Directorate of Field Publicity (DFP) and song and drama division of DAVP should be approached for developing some popular communications which can be aired on radio or shown in the local channels of Doordarshan through audio-video spots.

4.1.5. Monitoring the enforcement of Tobacco Control Law

- a.** Every district should have enforcement squads/ teams that will be responsible for regular enforcement drives/raids to monitor any violation of the provisions of COTPA. Regular raids should be conducted in public places like public transports, restaurants, Government buildings, health facilities, educational institutions etc. The collected amount from the penalties should be deposited in a separate head

of account. It is recommended that the funds so generated should be further utilized in tobacco control initiatives or awareness campaigns in the state/district.

- b. The DTCC should maintain a record of violations and prepare the violation report which can be submitted to the enforcement authorities. DTCC should coordinate at District level so that COTPA review is included in the monthly crime review meetings of the police authorities and the data is collected as per the format circulated.
- c. The MoHFW has developed guidelines for implementation of sections 4, 6 & 7 of COTPA. The said guidelines have been prepared to facilitate the states in implementing the various provisions of the Act. The guidelines also enlist key activities that the state needs to carry out towards implementation of sections 4, 6 & 7 of COTPA. The DTCC can train the enforcement officials as per the guidelines for law enforcers.
- d. People should be encouraged to report any violations (of COTPA provisions) to the national toll-free helpline No. **1800 110 456**. The violations reported on this help line will be disseminated to the States/Districts (STCC/DTCC) for proper action and follow-up.

4.2 Manpower for District Tobacco Control Programme

In each DTCC, there is provision for recruiting contractual staff to assist the District Nodal Officer in the implementation of the programme. The three personnel are Psychologist/Counselor, Social Worker and Data Entry Operator.

The terms of reference of the above personnel are at **Annexure - X**

The district level staff should be trained in their respective states. In case there is a training programme organized by any of the neighboring states, a few district teams may collectively participate in the common training programmes.

4.3 Role and Responsibilities:

The following roles and responsibilities of DTCC are indicative and not exhaustive:

1. Implementation, supervision and monitoring of the various activities of the programme as per the standard quarterly format.
2. Recruitment of the staff at the district tobacco control cell and their training.
3. Establish tobacco cessation services in health care facilities and up-scale them through training of health care providers.
4. Organize outreach activities in collaboration with different departments and Programmes.
5. Organize district level trainings/sensitization programmes on tobacco control.
6. Regular compilation of the data related to enforcement, preparation of reports and documenting the best practices and timely submission of quarterly reports to STCC.

7. Enforcement of COTPA

- Display the Tobacco Control Act and the Rules on the official District website and regular communication to the different departments of the government at district level about the provisions of the Act and the role of these departments.
 - Constitution of an Enforcement squad preferably under the chairmanship of Collector/DM or his nominee for monitoring compliance with COTPA provisions and taking action on violations.
 - Constitution of District Level Monitoring committee for monitoring enforcement of section – 5 of COTPA and for taking cognizance of all the direct/indirect advertisement of tobacco products.
 - Inclusion of COTPA in monthly crime review meetings
8. Advocacy by involving Nehru Yuva Kendras, NSS, NCC, SHGs, IMA, IDA, Rotary International etc. for creating awareness at district/sub-district level.
 9. Develop awareness campaigns using the local media, cable channels, Local festivals/traditional media/ wall writing and integrating the same with the existing mass media campaign under the District Health Budget for achieving the desired impact in awareness generation.
 10. Coordination with Departments of Agriculture, Social Welfare, Rural Development, Labour and other stakeholders for developing sustainable alternative crops and livelihood for tobacco growers/ workers and bidi rollers.
 11. Documentation of the best practices on tobacco control in the district and sharing them with STCC.

4.4 Supervision and monitoring of staff

The district nodal officer will supervise the district staff at the DTCC. The DTCC should be closely monitored and supervised by the STCC. The DTCC should prepare the quarterly report as per the prescribed format and submit it to the STCC.

4.5 Financial Guidelines

The funds shall be released by MoHFW to States/UTs through the State Health Society to carry out various activities under the program. The State Health Society should further release funds to the District Health Society for carrying out the identified activities in the district.

The States/Districts should have the flexibility for inter-usability of funds from one component to another limited to a ceiling of 10%. However, for shifting the budget from one head to another, prior permission of MoHFW is needed.

Every district should spend at least 75% of the funds released to it before sending the requisition for the next instalment. The request for instalment should be accompanied by Statement of Expenditure (SOE) and Utilization Certificate (UC) of the funds released.

The prescribed formats for Statement of Expenditure (SOE) and Utilization Certificate (UC) are at **Annexure - V**

4.6 Annual budgetary provisions of District Tobacco Control Cell

S.No.	Particulars	Budget (₹)
1.	Remuneration	
	a. One Psychologist/Counsellor @ ₹10,000/- per month	1,20,000/-
	b. One Social Worker @ ₹ 8000/- per month	96,000/-
	c. One Data Entry Operator @ ₹ 6000/- per month	72,000/-
2.	Training	2,00,000/-
3.	IEC	2,00,000/-
4.	School Program	4,00,000/-
5.	Monitoring the tobacco control laws and reporting	1,00,000/-
6.	Contingency	1,00,000/-
7.	One time grant for one computer with printer/ accessories	60,000/-
	GRAND TOTAL	₹ 13, 48,000/-

4.7 Block Level Interventions:

4.7.1 Block Level Coordination Committee: Such Committee should be constituted on the lines of Block Development Committee (BDC), and should consist of

- Block Chairperson as Chairman of the Committee and all elected members of Block Panchayat and all Gram Pradhans (Village Heads) in that Block
- Block level Govt. Officials from various departments like Education, Health, Cooperatives, Veterinary, Drinking water, Rural Engineering departments
- Prominent NGO/CBO in the Block
- Hon. MLAs and MPs of that region
- In-charge Medical Officer of the Block PHC as Convener

4.7.2 Block level activities:

- Convening the Block Development Committee meetings twice a year with Tobacco Control as special agenda.
- Orientation and sensitization of the elected representatives and officials.
- Undertaking IEC/media campaigns in synergy with the NCD programmes
- Working towards tobacco free schools and offices in their Block

4.8 Village level Interventions:

4.8.1 Village level Committee:

A village level committee should be constituted under the chairmanship of Village Head/Pradhan; other members should include school teacher, Village Panchayat Secretary, ANM, ASHA worker, Anganwadi worker and 2-3 members of the village Panchayat. Alternatively, the existing Village Health & Sanitation Committee may also be used for the same. The meetings need to be convened on monthly basis by the ASHA worker.

4.8.2 Village level activities:

- Developing an annual village action plan towards making the village tobacco free.
- Sensitization of village level officials, Gram Panchayat members and Community Based Organizations like Farmers Clubs, Mothers' groups, SHGs, Youth/ Adolescent Club etc. about health hazards of tobacco use.
- Organizing special IEC campaigns involving school children on 'World No Tobacco Day' (31st May) and National Days like Independence Day, Republic Day and Gandhi Jayanti.
- Convening special meetings of Gram Sabha on tobacco control for sensitizing villagers through mass media campaigns, films, nukkad plays, puppet shows, magic shows etc.
- Reporting violations of COTPA after duly orienting people through mass media campaigns
- Developing tobacco control volunteers in every village (at least one per village).
- Utilizing Common Service Facility (a kiosk with internet connectivity) for anti-tobacco activities like accessing information on tobacco control, downloading IEC material, forms, formats for monitoring and uploading village data.

List of states and districts under NTCP

S.No.	Name of the State/ UT	Name of Districts.
Phase - I (2007-08)		
1.	Assam	Kamrup, Jorhat
2.	West Bengal	Cooch Behar, Murshidabad
3.	Madhya Pradesh	Khandwa, Gwalior.
4.	Uttar Pradesh	Lucknow, Kanpur
5.	Delhi	New Delhi, East Delhi
6.	Rajasthan	Jaipur , Jhunjhunu
7.	Gujarat	Vadodra, Sabarkantha
8.	Tamil Nadu	Kancheepuram, Villupuram
9.	Karnataka.	Bangalore (U), Gulbarga.
Phase - II (2008-09)		
10.	Nagaland	Kohima and Dimapur
11.	Tripura	West Tripura, Dhalai District
12.	Mizoram	Aizawl, and Lunglei
13.	Arunachal Pradesh	West Kameng & East Siang
14.	Sikkim	East Sikkim & South Sikkim
15.	Jharkhand	Dhanbad and Jamshedpur
16.	Bihar	Patna and Munger
17.	Uttarakhand	Dehradun and Tehri Gadhwal
18.	Maharashtra	Thane and Aurangabad
19.	Goa	North Goa and South Goa
20.	Andhra Pradesh	Guntur and Hyderabad.
21.	Orissa	Cuttack and Khurda

Terms of Reference (ToRs) for manpower at National Tobacco Control Cell

1. Consultant (Policy)

Qualifications:

Essential:

- a) Post graduate degree in Public Health or related field/ Social Sciences/ Management from a recognized institution/university.
- b) Minimum five years experience of working in health related field at national/ state level.

Desirable:

- a) 5-8 years of working experience in the health sector.
- b) Experience of working in the government sector at national/state level.
- c) Experience of working in tobacco control issues and knowledge about international/ national tobacco control policies and health programs.

Knowledge and skills:

- a) Technical expertise in the areas of health promotion, local participatory planning and evaluation methodologies and capability to function collaboratively and productively in a multidisciplinary environment.
- b) Research expertise in applying quantitative and qualitative methodologies to document the outcomes.
- c) Ability to represent the program in interactions with relevant stakeholders, civil society and other agencies.
- d) Knowledge and skills in the formulation of technical interventions and criteria for evaluating program interventions.
- e) Managerial skills for the development, implementation and analysis of technical cooperation programs and activities, including budget programming.
- f) Ability and willingness to travel extensively.
- g) Interpersonal and management skills with ability to work in a deadline-driven environment.
- h) Good command over MS-Office/internet and common software.
- i) Good communication skills in English and Hindi, both written and verbal.

Job Description:

- To provide technical as well as programme management support for planning and implementation of National Tobacco Control Program.
- To support activities for the National Tobacco Control Cell for effective implementation of tobacco control laws and the National Program in synergy with the NCD program.
- To establish and maintain collaborative networks involving national and international organizations; governmental and non-governmental institutions to implement the tobacco control initiatives.
- To collate research based studies/evidence and create data base for supporting tobacco control policies/Program.
- To provide technical support in coordination with the concerned departments/ Ministries/State Govt. in respect of implementation of WHO FCTC matters related to Working Groups, Conference of Parties (COP) reporting and Inter-Governmental Negotiating Body (INB).
- To coordinate and follow-up with the existing Committees/Expert Groups eg. Steering Committee, Inter-Ministerial Task Force, alternate vocation/livelihood etc.
- To undertake any other task and responsibility as assigned by the supervisor/focal points.

Remuneration: commensurate with qualification/experience

Period of contract: 1 year

Location: New Delhi

2. Consultant (National Coordination)**Qualifications:**

Essential: Post graduate degree in Social Sciences/ Management/ Community Medicine/ Public Health or related field from an accredited institution.

Desirable:

- (a) Minimum three- five years of work experience in health sector
- (b) Exposure to manage large scale public health programmes
- (c) Experience of working in the government sector at national/state level.
- (d) Experience of work in tobacco control issues will be given preference.

Knowledge and skills:

- a) Track record of implementing innovative ideas and schemes in day to day working.
- b) Capability to function collaboratively and productively in a multidisciplinary environment.

- c) Ability to represent the program in interactions with relevant stakeholders, civil society and other agencies.
- d) Ability and willingness to travel extensively.
- e) Interpersonal and management skills with ability to work in a deadline-driven environment.
- f) Good command over MS-Office/internet
- g) Good communication skills in English and Hindi, both written and verbal.

Job Description:

- To provide technical support for planning and implementation of National Tobacco Control Program in the states/districts.
- To support and monitor the tobacco control activities of the State Tobacco Control Cells and assist them in implementation of tobacco control laws.
- To assist and monitor implementation of District Tobacco Control Program under the National Program in synergy with the NCD program.
- To ensure quality and timely reporting from all states under National Tobacco Control Program.
- To assist the Program Division in follow-up of states in respect of Statement of Expenditure/Utilization Certificates for the funds released under NTCP.
- To undertake any other task and responsibility assigned by the supervisor/focal points.

Remuneration: commensurate with qualification/experience

Period of contract: 1 year

Location: New Delhi

3. Consultant (IEC & Advocacy)

Qualifications:

Essential:

Post graduate degree in Mass Communication/ Social Sciences/ Management from a recognized institution/university.

Desirable:

- (a) 3-5 years of work experience in advertising agency/advocacy /social development agency with hands on experience in campaign planning and/or management.
- (b) Experience of working in the government sector at national/state level.

- (c) Experience of working with tobacco control and NCD issues and knowledge about international/national tobacco control policies and health programs.

Knowledge and skills:

- a) Technical expertise in the areas of health promotion, planning and evaluation methodologies and capability to function collaboratively and productively in a multidisciplinary environment.
- b) Research expertise in applying quantitative and qualitative methodologies to document the outcomes.
- c) Ability to represent the program in interactions with relevant stakeholders, civil society and other agencies.
- d) Knowledge and skills in the formulation of technical cooperation interventions and in the development of criteria for evaluating program interventions.
- e) Managerial skills for the development, implementation and analysis of technical cooperation programs and activities, including budget programming.
- f) Ability and willingness to travel extensively.
- g) Interpersonal and management skills with ability to work in a deadline-driven environment.
- h) Possess team working capability.
- i) Good command over MS-Office/internet and common software
- j) Good communication skills in English and Hindi, both written and verbal.

Job Description:

- To participate in the preparation of Situation Analysis and development of campaign, strategies for tobacco control advocacy to increase discourse and action among stakeholders. Develop, maintain and update advocacy and communication campaigns and associated work plan in accordance with agreed priorities of NTCP. Campaigns are developed through close consultation and collaboration with supervisor and stakeholders, at state and national level using evidenced-based research and analysis of current data.
- To develop clear advocacy messages for each campaign issue. Prepare background communication and briefing materials for Ministry officials and other partners to promote campaign objectives. Oversee and work with colleagues to develop and produce advocacy and communication packages, including video, audio, photographs, briefing documents, feature stories etc.
- To ensure regular communication and coordination with state communication focal points on national campaign issues. Contribute to the development of state and district level capacity by coordinating state-specific campaign content to increase visibility and promote advocacy objectives.

- To ensure and enhances quality, consistency and appropriateness of state specific communication materials and activities. Ensures evidence based programming approach is appropriately reflected in the communication campaigns, work plan and products.
- To identify opportunities to strengthen the capacity of partners /state level stakeholders through appropriate communication training, access to up-to-date information and knowledge sharing.
- Campaign Management: Assist in the timely management of countrywide NTCP campaigns. Oversee campaign planning and implementation.
- Planning and monitoring of the use of campaign budgets. Approve and monitor the allocation, disbursement and liquidation of funds.
- To undertake field travel to initiate and follow-up on campaign implementation and partnerships.
- To monitor status and constraints and prepare reports for briefings/reviews. Oversee the implementation of campaigns based on agreed plans and track developments related to implementation at state and national level.
- To undertake lessons learned review of successful and unsuccessful campaign experiences and share observations and findings with supervisor and stakeholder network so that best practices can benefit the communication network throughout the country.
- To undertake any other task and responsibility as assigned by the supervisor/focal points.

Remuneration: commensurate with qualification/experience

Period of contract: 1 year

Location: New Delhi

4. Legal Consultant

Qualifications:

Essential: Minimum qualification of a degree in Law from a recognized University; at least 4-5 years post qualification experience of handling cases in High Court/Supreme Court.

Knowledge and skills:

- a. Capability to function collaboratively and productively, in a multidisciplinary environment
- b. Ability to represent the organization in interactions with Central & State Government, and other stakeholders

- c. Track record of implementing innovative ideas and schemes in day to day working.
- d. Ability and willingness to travel extensively.
- e. Interpersonal and management skills with ability to work in a deadline-driven environment.
- f. Possess team working capability
- g. Good command over MS-Office/internet
- h. Good communication skills in English and Hindi, both written and verbal.

Job Description:

- a) The Legal Consultant will assist Tobacco Control Division in Ministry of Health & Family Welfare/ National Tobacco Control Cell to give infrastructural support for handling issues related to law and policy to ensure effective implementation of the Tobacco Control Laws and WHO Framework Convention on Tobacco Control.
- b) To assist in drafting of replies to various judicial cases and RTI applications related to tobacco.
- c) To pro-actively monitor all legal issues and judicial cases in the area of tobacco and assist in briefing the Senior Counsel about the cases.
- d) To maintain follow ups of all cases, case files and tracking court hearings to ensure timely and effective action.
- e) To collate information on violation under the Tobacco Control Act and report the same.
- f) To network with related civil society groups and advocating for strong tobacco control policies.
- g) To undertake any other tasks and responsibilities assigned by the supervisor.

Remuneration: commensurate with qualification/experience

Period of contract: 1 year

Location: Delhi

5. Technical Assistant (Jr. Research Fellow)

Qualifications:

Essential:

- (a) Graduation in any discipline from a recognized institution/University.
- (b) Diploma in Computer Application

Desirable:

- (a) At least 1-2 years of professional experience/exposure in the Health related field.
- (b) Experience of working with the government sector at national/state level.

Knowledge and skills:

- Good time management and multi-tasking skills, with ability to work in a deadline-driven environment.
- Ability to demonstrate good interpersonal skills and team working capability with a high standard of personal conduct.
- Proficient knowledge of computers and good command over MS-Office/internet
- Possess team working capability.
- Good communication skills in English and Hindi, both written and verbal.

Job Description:

- To support and assist in monitoring the Tobacco Control activities of the State Tobacco Control Cells and assist them in implementation of Tobacco Control laws.
- To assist the Program Division in planning, implementation of the programme & follow-up of states in respect of Statement of Expenditure/Utilization Certificates for the funds released under NTCP.
- To facilitate the Program Division in sending communication/guidelines/IEC materials and other important documents to the States/Districts.
- Updation of the NTCP link in the MoHFW website.
- To undertake any other tasks and responsibilities assigned by the supervisor.

Remuneration: commensurate with qualification/experience

Period of contract: 1 year

Location: New Delhi

Quarterly Reporting Format (STCC to NTCC)
STATE TOBACCO CONTROL CELL:
REPORT FOR THE QUARTER ENDING

Part-A

S.No.	Activities	Yes/No	Reasons, if the answer is No
	State		
1.	Whether State Cell has been set up		
2.	Status of recruitment of staff in the State Cell- (i) Programme Assistant (ii) Data Entry Operator		
3.	a) Whether State Level Co-ordination Committee (SLCC) has been constituted		
	b) Whether Working Group (WG) has been set up		
4.	Whether State Level Monitoring committee for section – 5 of COTPA has been constituted		
5.	Whether COTPA and its rules have been displayed on the official State website		
6.	Whether additional authorized officers have been notified under COTPA by the state		
	Whether challaning mechanism for COTPA has been set up at State Level		
	Whether separate head of account has been opened for deposit of challan amount		
	Whether challan books have been printed and sent to districts		
7.	Whether letters have been issued by the State Govt. to incorporate compliance with COTPA in the monthly crime review meetings		
8.	Whether Utilization Certificate has been submitted for the previous financial year		
9.	Whether Statement of Expenditure has been submitted for the previous financial year		

Part-B

Sl.No.	Activities	During the quarter	Up to the quarter in the Financial Year
1.	No. of meetings of the SLCC		
	No. of meetings of the Working Group		
2.	No. of State Level Advocacy Workshops held		
	No. of participants in the Advocacy Workshops		
3.	No. of Training of Trainers programmes held		
	No. of Participants in the Trainers' Training programmes		
4.	No. of Trainings on tobacco cessation for Health care providers		
	No. of Participants in the Trainings on tobacco cessation for Health care providers		
5.	Types of IEC materials adapted /developed (e.g. posters/stickers/handouts/wall paintings/hoardings etc)		
	No. of different IEC materials disseminated		
	No of instances of integration of tobacco control messages in other health / development campaigns		
6.	No. of meetings held with other relevant State Govt. departments		
	No. of training programs of other departments in which DTCC participated and made presentations on tobacco control		
7.	No. of meetings held with civil society organisations and professional bodies (e.g. NGOs, NSS, NCC, IDA, IMA etc)		
8.	No. of DTCCs set up in the State		
	No. of staff recruited by the DTCCs		
9.	No. of districts where District Level Co-ordination Committees have been set up		
	No. of districts where meetings of the District Level Co-ordination Committees have taken place		
	No. of meetings of the District Level Co-ordination Committees		
10.	No. of districts where enforcement squads have been set up to monitor compliance with COTPA		

	No. of visits conducted by the enforcement squads		
	No. of persons challaned and amount collected (<i>information to be given month-wise in the format as annexed on page 46</i>)		
	No. of complaints received through National Violations helpline		
	No. of such complaints where action has been taken		
11.	No. of trainings/sensitization programmes for different stakeholders organised by district cells		
	No. of participants in the trainings/sensitization programmes at district level		
12.	No. and types of IEC materials adapted/ developed by DTCCs (e.g. posters/stickers/handouts/wall paintings/hoardings etc)		
	No. of PHCs, CHCs, Govt buildings, schools and other public places covered with these IEC materials		
13.	No. of Schools covered in the School Programmes by the district cells (i) Public Schools (ii) Private Schools		
	No. of children covered in the School Programmes		
	Total no. School Programmes conducted		
14.	No. of districts where Tobacco Cessation Clinics/Centres have been set up		
	No. of Tobacco Cessation Clinics/Centres set up in the districts		
	No. of persons counseled at the TCCs		
15.	No. of Blocks where Block Level Coordination Committees have been set up		
	No. of villages where Village Level Committees have been set up		
16.	No. of District Cell Utilization Certificates submitted for the previous financial year(s)		
	No. of District Cell Statements of Expenditure submitted for the previous financial year(s)		

Part C

Expenditure Details for State Tobacco Control Cell *

S.No.	Budgetary heads	Opening Balance as on	Fund received with date	Total available funds	Expenditure	Closing Balance as on
1	STAFF REMUNERATION					
	One Program Assistant @ 10000/- month					
	One DEO @ 6000/- month					
2	IEC					
	IEC materials (posters/ handouts/ hoardings etc.)					
	Others					
3	TRAINING					
	State Level Advocacy Workshops					
	Training of Trainer Programmes					
	Trainings on Tobacco Cessation for Health Care Providers					
	Others					
4	MONITORING/ CONTINGENCY					
	Mobility of enforcement squad and related expenditures					
	Others					
5	INFRASTRUCTURE One time grant (Computer with printer/accessories)					
6	Earned Bank Interest (if any)					
	Total					

* If STCC has taken the support from other departments/programmes for carrying out the any activity under Part A and B of this format, the same kindly be indicated here.

Signature & Seal
(State Nodal Officer)

Quarterly Reporting Format (DTCC to STCC)
DISTRICT TOBACCO CONTROL CELL:
REPORT FOR THE QUARTER ENDING

Part-A

S.No.	Activities	Yes/No	Reasons, if the answer is No
1.	Whether District Cell has been set up		
2.	Status of recruitment of staff in the District Cell - Psychologist		
	- Social Worker		
	- Data Entry Operator		
3.	Whether District Level Co-ordination Committee (DLCC) has been constituted		
4.	Whether District Level Monitoring committee for section – 5 of COTPA has been constituted		
5.	Whether COTPA and its rules have been displayed on the official district website		
6.	Whether challaning mechanism for COTPA has been set up at District Level		
	Whether separate head of account has been opened for deposit of challan amount at district level		
	Whether challan books have been received from STCC		
	Whether challan books have been distributed to authorized officers		
	Whether enforcement squads have been set up in the district to monitor compliance of COTPA		
	Whether compliance of COTPA has been integrated in the monthly crime review meetings		
7.	Whether Utilization Certificate has been submitted for the previous financial year		
8.	Whether Statement of Expenditure has been submitted for the previous financial year		

Part-B

Sl.No.	Activities	During the quarter	Up to the quarter in the Financial Year
1.	No. of meetings of the DLCC		
2.	No. of meetings of the District Level Monitoring committee for section – 5 of COTPA		
3.	No. of visits conducted by the enforcement squads		
	No. of persons challaned and amount collected (<i>information to be given month-wise in the format as annexed on page 46</i>)		
	No. of complaints received through National Violations helpline		
	No. of such complaints where action has been taken		
4.	No. of trainings/sensitization programmes for different stakeholders organised by DTCC		
	No. of participants in the trainings/sensitization programmes organised		
5.	No. and types of IEC materials adapted/ developed by DTCC (e.g. posters/stickers/handouts/wall paintings/hoardings etc)		
	No. of PHCs, CHCs, Govt buildings, schools and other public places covered with these IEC materials		
6.	No. of Schools covered in the School Programmes by the DTCC (i) Public Schools (ii) Private Schools		
	No. of children covered in the School Programmes		
	Total no. School Programmes conducted		
7.	No. of Tobacco Cessation Clinics/Centres set up in the district		
	No. of persons counseled at these TCCs		
8.	No. of meetings held with other relevant State Govt. departments		
	No. of training programs of other departments in which DTCC participated and made presentations on tobacco control		
9.	No. of meetings held with civil society organisations and professional bodies (e.g. NGOs, NSS, NCC, IDA, IMA etc)		
10.	No. of Blocks where Block Level Coordination Committees have been set up		
	No. of villages where Village Level Committees have been set up		

Part C

Expenditure Details for District Tobacco Control Cell *

S.No.	Budgetary heads	Opening Balance as on	Fund received with date	Total available funds	Expenditure	Closing Balance as on
1	STAFF REMUNERATION					
	One Program Psychologist/ Counselor @ 10000/- month					
	One Social Worker @ 8000/- month					
	One DEO @ 6000/- month					
2	TRAINING					
	District Level Training/ Sensitization Programmes					
	Trainings on Tobacco Cessation for Health Care Providers					
	Others					
3	IEC					
	IEC materials (posters/ handouts/ hoardings etc.)					
	Others					
4	SCHOOL PROGRAMME					
	Conduct of Awareness Programmes in schools					
	Others					
5	MONITORING					
	Mobility of enforcement squad and related expenditures					
	Others					
6	CONTINGENCY					
7	INFRASTRUCTURE					
	One time grant (Computer with printer/accessories)					
8	Earned Bank Interest (if any)					
	Total					

* If DTCC has taken the support from other departments/programmes for carrying out the any activities under Part A and B of this format, the same kindly be indicated here.

Signature & Seal
District Nodal Officer

Total No. of Challans and Fines Collected

Month & Year: _____

Name of the District	Section IV		Section V		Section VI		Section VII		Cumulative for all Sections (_____)	
	No. Of Challans	Fines collected	No. Of Challans	Fines collected						
Total										

Terms of Reference (ToRs) for manpower at State Tobacco Control Cell

1. Programme Assistant

Qualification: Post-graduate degree in Sociology/Social Work or graduate in Sociology/Social Work with over two years of experience of working in health sector.

Job responsibilities:

- To support in the implementation of the NTCP at State and District level.
- To facilitate in capacity building of stakeholders / law enforcers/District Tobacco Control Cell.
- To facilitate in monitoring Tobacco Control Laws.
- To develop partnership with NGO's/Organisations/ PRI's/ Urban Level Bodies (ULB's) for further community support.
- To facilitate in developing local IEC and planning of the state IEC campaigns.
- To monitor NGO's/ Groups at state level & compile reports on monthly basis.
- To submit quarterly and monthly performa/report to NTCC.
- Disseminate all the important guidelines and letters to District Cells.
- To prepare Utilization Certificate (UC) and Statement of Expenditure (SoE) and its timely submission for release of funds.
- Any other work assigned by the supervisor from State/National level.

Remuneration: ₹ 10,000/- per month

2. Data entry operator:

Qualification: Intermediate (10+2) and computer literate. Minimum one year of relevant work experience.

Job responsibilities:

- Regular entry of all relevant data pertaining to NTCP.
- Should be able to gather and compile data and develop reports.
- Proper documentation of all the reports, correspondence and ensuring the same are further disseminated to district level.
- To assist the supervisor in logistics towards organization of all the meetings.
- Maintain and upkeep of the computer system and its accessories.
- To assist the Programme Assistant in any other activities as per the programme need.

Remuneration: ₹ 6,000/- per month

3. State Tobacco Control Consultant

Qualifications:

Essential:

Post graduate degree in Public Health or related field or Social Sciences or Management from a recognized institution/university.

Desirable:

- (a) At least 3-5 years of exposure/work experience in the health sector.
- (b) Experience of working in the government sector at national/state level.
- (c) Experience in tobacco control issues and knowledge about international/national tobacco control policies and health programs will be given preference.

Knowledge and skills:

- Technical expertise in the areas of health promotion, local participatory planning and capability to function collaboratively and productively in a multidisciplinary environment.
- Research expertise in applying quantitative and qualitative methodologies to document the outcomes.
- Track record of implementing innovative ideas and schemes in day to day working.
- Capability to function collaboratively and productively in a multidisciplinary environment.
- Ability to represent the program in interactions with relevant stakeholders, civil society and other agencies.
- Ability and willingness to travel extensively.
- Interpersonal and management skills with ability to work in a deadline-driven environment.
- Possess team working capability.
- Good command over MS-Office/internet
- Good communication skills in English and Hindi, both written and verbal.

Responsibilities and Duties:

- To provide technical as well as programme management support for planning and implementation of National Program for Tobacco Control at state/district level.
- To support and monitor the tobacco control activities of the State/District Tobacco Control Cell and assist in implementation of tobacco control laws.
- To facilitate training and advocacy programmes for civil societies, law enforcers, state health authorities, media and health professionals at state/district level.

- To coordinate in effective implementation of components of the National Tobacco Control Program in synergy with the NCD program.
- To ensure quality and monthly reporting of all the activities including utilization of resources undertaken by the State/District Tobacco Control Cell.
- To assist in preparation of quarterly and annual reports.
- To undertake any other tasks and responsibilities assigned by the supervisor.

Remuneration: commensurate with qualification/experience

Period of contract: 1 year

Location: At the O/o State Nodal Officer/State Focal Point for Tobacco Control

UTILIZATION CERTIFICATE FOR THE PERIOD _____
(to be used by STCC & DTCC)

1. Certified that out of ₹ _____ of grants-in-aid sanctioned during the year _____ in favour of State Health Society, ₹ _____ under the Ministry of Health & FW's Sanction No. ____ PH-I dated ____ and ₹ _____ on account of the unspent balance of previous grant sanctioned vide sanction No. _____ dated ____ and ₹ _____ on account of interest received during the year, a sum of ₹ _____ has been utilized for the purpose of various activities approved by the Government of India for implementing National Tobacco Control Programme (NTCP) and for which it was sanctioned. The balance of ₹ _____ remaining unutilized at the end of the year will be utilized and adjusted towards the grant in aid payable during the next year _____.
2. Demand No. 46, Department of Health & F.W, Major Head-2210 Medical and Public Health: Minor head-06800 Other Expenditure: 19-Tobacco Free Initiative: 190031– Grant-in-aid during the year _____.
3. Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of Checks exercised:

The Annual audited Statement of Expenditure and Utilization Certificate furnished by the State/District Nodal officer (Tobacco Control).

Signature & Seal

**State Tobacco Control Cell
Statement of Expenditure (SoE)**

Name of the Year: _____

S.No.	Budgetary heads	Opening Balance (April__)	Fund received	Total available funds	Expenditure	Closing/ Available Balance as on
1	One Programme Assistant @ 10000/- month					
	One DEO @ 6000/- month					
2	IEC					
3	Training					
4	Contingency Expenditure/ Monitoring the implementation of Programme/law					
5	One time grant (Computer with printer/accessories)					
6	Earned Bank Interest (if any)					
	Total					

Signature & Seal
(State Nodal Officer)

**District Tobacco Control Cell
Statement of Expenditure (SoE)**

Name of the Year: _____

S.No.	Budgetary heads	Opening Balance (April__)	Fund received	Total available funds	Expenditure	Closing/ Available Balance as on
1	One Programme Psychologist/Counsellor @ 10000/- month					
	One Social Worker @ 8000/- month					
	One DEO @ 6000/- month					
2	Training					
3	IEC					
4	School Programme					
5	Monitoring the tobacco control laws & reporting					
6	Contingency					
7	One time grant (Computer with printer/accessories)					
8	Earned Bank Interest (if any)					
	Total					

Signature & Seal
District Nodal Officer

“Suggestive Agenda for Training Programmes on Tobacco Control”

Day/Time	Session Title	
State Level Advocacy Workshop for Tobacco Control		
09:00-10:00	Registration	
10:00-10:45	Welcome Address and Overview of the Workshop and Objectives	
10:45-11:00	<i>Tea Break</i>	
11:00-11:30	Burden of tobacco in India and National Tobacco Control Program	
11:30- 12:15	WHO FCTC, MPOWER & best practices in India	
12:15- 12:45	Tobacco Control Act	
12:45-1.00	Open discussion and strategies on effective implementation of Tobacco Control programme in State	
01:00-02:00	<i>Lunch</i>	
02:00-02:20	Role of State Govt./ different departments for tobacco control	
02:20 – 03:00	Community Based Tobacco Control Initiatives and Role of Civil Society	
03:00-03:20	Tobacco Free Educational Institutions and School Programmes	
03:20-03:45	<i>Tea Break</i>	
03:45-04:00	Tobacco Taxation	
04:00 – 04:15	Media campaigns on tobacco control	
04:15 - 04:45	Open discussion and brain storming	
04:45 – 05:00	Closing remarks & Vote of Thanks	

Resource Persons may be called from different organizations at National/ State/ District level as deemed suitable for the sessions.

Guidelines for Tobacco- free Schools/ Educational Institutions

- 1) Display of “Tobacco free School” or “Tobacco-free Institution” board at a prominent place on the boundary wall outside the main entrance.
- 2) No sale of tobacco products inside the premises and Within the radius of 100 yards from school / educational institutions and mandatory signage in this regard should be displayed prominently near the main gate and on boundary wall of school / institute.
- 3) No smoking or chewing of tobacco inside the premises of institution by students/ teachers/ other staff members / visitors.
- 4) Display of sign boards “No Smoking Area- Smoking here is an offence”, of 60X30cm size inside the institution (as mandated by law).
- 5) Posters with information about the harm effects of tobacco should be displayed at prominent places in the school/ institutions. Students should be encouraged to make their own posters on tobacco control themes.
- 6) A copy of the Cigarette and other tobacco products Act (COTPA) 2003 should be available with the principal/ head of school/ institution. (May be downloaded from the website of the Ministry of Health & Family Welfare- www.mohfw.nic.in)
- 7) A “Tobacco Control Committee” should be in place. It may be chaired by school head/ principal, with members comprising of a science teacher, or any other teachers , school counselor (if available), at least two NSS/NCC/scout students, at least two parents representatives, area MLA, area SHO, Municipal Councilor, member of PRIs, any other member. The committee should monitor the tobacco control initiatives of the school/ institute. The committee should meet quarterly and report to the district administration.
- 8) Integrate tobacco control activities with on going School Health Programme of the State.
- 9) Promote writing of Anti- tobacco slogans on the School/ Institute stationery.
- 10) The principal / head of school / institute should recognize tobacco control initiatives by students/ teachers/ other staff and certificates of appreciation or awards may be given.
- 11) State Nodal Officer for Tobacco Control in the State Health Directorate may be consulted for technical or any other inputs.

Link for CBSE circular on Tobacco Free School/Educational Institution
(www.cbse.nic.in/circulars/cir18-2009.doc)

Link for Cenbosec (Comprehensive School Health Policy) as http://www.whoindia.org/LinkFiles/NMH_Resources_Health_Policy_for_schools.pdf

NGO Guideline
Guidelines for selection of NGOs under the
National Tobacco Control Programme (NTCP)

Role of the NGOs

Under the National Tobacco Control Programme, NGOs would be involved in carrying out the following activities, as a component of District Tobacco Control Programme:

- a) Awareness generation campaigns - For creating awareness about ill effects of the tobacco among school teachers, health workers, law enforcers etc.
- b) Training and Capacity building program for the school teachers, health workers, law enforcers, Women Self Help Groups and other civil society organizations etc. about Anti Tobacco Law, and other state specific tobacco related issues.
- c) To carry out School Programmes for Tobacco Control e.g. "Tobacco Free Schools" initiatives and other activities including awareness about provisions under Anti Tobacco Law, ill effects and health hazards of tobacco use.

However it is up to the respective state governments to decide whether the above stated activities are to be carried out in collaboration with NGOs or by the available appropriate state infrastructure.

Criteria for School Programme under NTCP :

- School programme would be conducted in the schools in the selected districts under National Tobacco Control Programme.
- The States could take as many schools under the school programme. Effects and health hazards of tobacco should be made part of school health programme. School teachers and students must be made aware of the provisions under Anti Tobacco Law e.g. prohibition of smoking at public places, sale to and by minors, prohibition of sale of tobacco products within 100 yards of educational institutions etc.
- District Tobacco Control Cells would select the schools in their respective districts for inclusion in the school programme.

Eligibility Criteria for selection of NGOs : The State / UT Government will be responsible for selecting as well as monitoring the work of NGOs as per the following criteria :

1. NGO should be registered under the Indian Societies Registration Act / Indian Trust Act / Indian religious and Charitable Act for more than three years.
2. Working experience in the health / social sector for 3 years.
3. Availability of well-trained staff in health care to organize and carry out various activities under the scheme.
4. Agreeing to abide by the guidelines and the norms of the programme.
5. The NGO should not have been black listed by any Government agency

Release of Grants:

- Extant guidelines of Government / NRHM is to be followed (e.g.the funds will be released to State Health Society/District Health Society).

Monitoring and Evaluation

- The District level NGO will submit Quarterly Progress Report to the District Tobacco Cell/ District Health Society.
- The District Tobacco Cell will certify the satisfactory work of the NGO on a Quarterly basis and provide written statement for deficiencies noticed with suggestions for improvement to the State Tobacco cell.
- States/UTs Governments will keep Centre Government informed about the selected NGOs working for NTCP and will send quarterly report to State Tobacco Cell which in turn would send it to National Tobacco Control Cell.

Memorandum of Understanding

- Memorandum of Understanding will be signed between State Tobacco Cell and participating NGOs giving detailed terms of reference and obligations of NGOs and the Programme authorities to perform the above stated activities under NTCP.

Budgetary allocation

- The budgetary allocation for school programme per district is ₹4 lakhs per year per district.

Suggested Format for NGOs for submission of proposal for financial assistance under NTCP (to be submitted to the Nodal Agency) :

1. Details of the organization:
 - a) Name of the organization:
 - b) Address for correspondence: (include all details including email, fax no.)
 - c) Name of the Nodal Officer in the NGO:
 - d) Year of establishment:
 - e) No. of years of work in the field of health:
 - f) Specific areas of work in health. Details are to be provided.
 - g) Activities undertaken in the field of health: (IEC, training, Tobacco cessation centre)
2. Proposed activities:
 - a) Name of the districts for the proposed activity:
 - b) Details of activities proposed:
 - c) Proposed follow-up mechanism:
 - d) Financial outlay: (Details of cost break-up)
 - e) Plan of Action: (Time-bound activity plan)

Signature
(To be signed by the Head of the NGO)

Suggested Activities under School programme

1. The target groups should include both students and teachers. It is important to start with young children especially from the primary school level. The messages for tobacco control would vary according to the target group (i.e. level of understanding/intelligence according to the target age group and will be separate for primary, middle, and secondary level).
2. Involvement of the NSS cadre, NCC cadre and Red Ribbon and Eco Clubs in the school programme- These groups are already established in schools and their assistance could be taken in school programme.
3. Following are the areas in which training can be imparted to teachers and students:
 - Ill effects of tobacco use.
 - Provisions of various statutes.
 - Their role & responsibilities.
 - Methodology to train students.
 - Identification of the peer leaders/students.
 - Various activities to be done by them at classroom level
 - Counseling of the students against usage of tobacco in collaboration with District Tobacco Cessation Centres.
4. School level policy initiatives-
 - a) The teachers and students should take initiatives to make their school campus smoke and tobacco free by not allowing any school staff, students, parents and visitors smoke or consume any tobacco product in the school / college premises.
 - b) They will also make sure that there are no vendors, kiosk owners and shopkeepers selling any tobacco products within a radius of one hundred yards of the school.
 - c) Boards should be displayed outside the school and within prominent places inside the schools with the message that smoking is prohibited and is an offence.
 - d) Schools should also undertake number of activities like drawing competition and award students with suitable incentives, if need be.
5. Health corner in the school- there could be a health corner in every school where tobacco and health related material could be displayed for the information of the students.
6. Tobacco Focal Point for the School – A trained teacher may be identified as focal point for guidance and supervision of tobacco control related activities. She/he may also invite suggestions for anti-tobacco activities from other teachers and students on regular basis.

Steps for Implementing School Programme

STEP 1: Identifying schools

- Draw up a list of possible schools and identify both government and private schools.
- Short list the required number of schools and start contact visits.

STEP 2: Taking school consent

- Seek approval from the state education department to conduct the program.
- Seek an appointment with the School Principal to introduce the NTCP and its school health component. Carry a letter and proposal with specific timelines and activities enlisted.
- During the meeting with the Principal/Teacher, clearly explain the need to engage youth in tobacco control and how the school health component of NTCP is designed to address this objective.
- Request the Principal to assign a Teacher Coordinator for the program since the Principal might not always be available for planning/implementation discussions.

STEP 3: Planning and scheduling activities

- As per the previous discussions, contact the Teacher Coordinator to schedule program activities. Request for a copy of the school calendar to get an idea about the school schedule (examination/vacations). This will help in identification of free slots when activities can be conducted.
- Ensure the school's academic schedule is not disrupted in any way. All activities must be planned and scheduled as per the convenience of the school.

STEP 4: Implementation

- A day before an activity is scheduled, make it a point to re-confirm appointment with the Teacher Coordinator.
- All the activities should be implemented as per the proposal/ timelines shared with the school.

STEP 6: Monitoring and evaluation

- Plan few follow up/monitoring visits also in consultation with the Teacher Coordinator according to the need of the program. If the program has an in-built outcome and process evaluation component, it should be implemented in accordance with ethical protocol. Seeking informed parent consent and student assent is a must.

STEP 7: Effective use of Audio-Visual material and advocacy campaigns

- Effective use of innovative Audio-Visual material like posters, postcards, manuals etc., is helpful in reinforcement of tobacco control messages which are conveyed through the program.

- Classroom activities should be reinforced with student-led advocacy campaigns to declare the school campus a tobacco-free zone. This will encourage ownership of the program by the school, especially students.
- The training and intervention material should be life-skills based as mere knowledge enhancement/awareness cannot bring about behaviour change i.e., abstinence from tobacco use.
- The tobacco-free guidelines should be used for creating tobacco control advocates in the schools.

STEP 8: Seeking feedback

- During the course of the program and after completion, it is recommended to seek feedback from teachers/ peer leaders on the effectiveness of the program.
- If possible, the school teachers and students should be awarded a certificate/memento in appreciation of their enthusiastic participation.

Terms of Reference (ToRs) for manpower at District Tobacco Control Cell

1. Psychologist/Counselor

Qualification: Post-graduate degree in Psychology/MSW or Graduate in Psychology/ trained in counseling with two years of experience in the field of counseling services.

Job responsibilities:

- To setup and manage tobacco cessation facilities and do advocacy for behavioral change.
- To work in coordination with social worker in carrying out outreach activities.
- To support cessation activities at school/ community level.
- To organize trainings for the Health professionals and other stakeholders.
- To monitor the implementation of tobacco Control Laws in coordination with Social Worker.
- To monitor NGO's/groups at District level, compile reports on monthly basis.
- Any other work assigned by the supervisor from District/State/National level.

Remuneration: 10,000/- per month

2. Social Worker

Qualification: Post-graduate degree in Sociology/Social Work or graduate in Sociology/ Social Work with two years of field experience.

Job responsibilities:

- To facilitate in monitoring Tobacco Control Laws.
- To provide support to the School Program.
- To facilitate in developing local IEC and building synergy with the District IEC campaign.
- To organize training and capacity building programmes for different set of stakeholders including law enforcers.
- To monitor NGO's/ groups at District level, & compile reports on monthly basis.
- To develop partnerships with NGO's/Organizations/ PRI's/ Urban Level Bodies (ULB's) for further community support.
- To carry out outreach activity/ social mobilization.
- Any other work assigned by the supervisor from District/State/National level.

Remuneration: 8,000/- per month

3. Data entry operator:

Qualification: Intermediate (10+2) and computer literate. Minimum one year of relevant work experience.

Job responsibilities:

- Regular entry of all relevant data pertaining to NTCP.
- Should be able to gather and compile data, and submit reports to the State Cell in time.
- Should be able to provide secretarial assistance.
- Maintain and upkeep of the computer and its accessories.
- Assist the Psychologist/ Counselor and Social Worker in any other activities as per the programme need.
- Any other work assigned by the supervisor from District/State/National level.

Remuneration: ₹ 6,000/- per month