Operational Guidelines

National Tobacco Control Programme

National Tobacco Control Cell
Ministry of Health and Family Welfare
Government of India
2015

Introduction

Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA) (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control .

The Operational Guidelines of the NTCP were released in 2012 by the National Tobacco Control Cell (NTCC) at the Ministry of Health and Family Welfare. The Operational Guidelines had guided and facilitated the State Government and district administration in implementation of the NTCP at the State and district level. Various agencies working at the State and district level used the guidelines to further the goal of tobacco control in the country.

Under the 12th Five Year Plan, changes were incorporated at the State and district level activities and budget of NTCP, based on the feedback from the states and other stakeholders. It is envisaged to cover all the districts across the country under the NTCP in a phase-wise manner. The implementation of the programme at the district and sub-district level has been subsumed under the overarching umbrella of the National Health Mission (NHM) to bring in synergy at different levels of health care delivery.

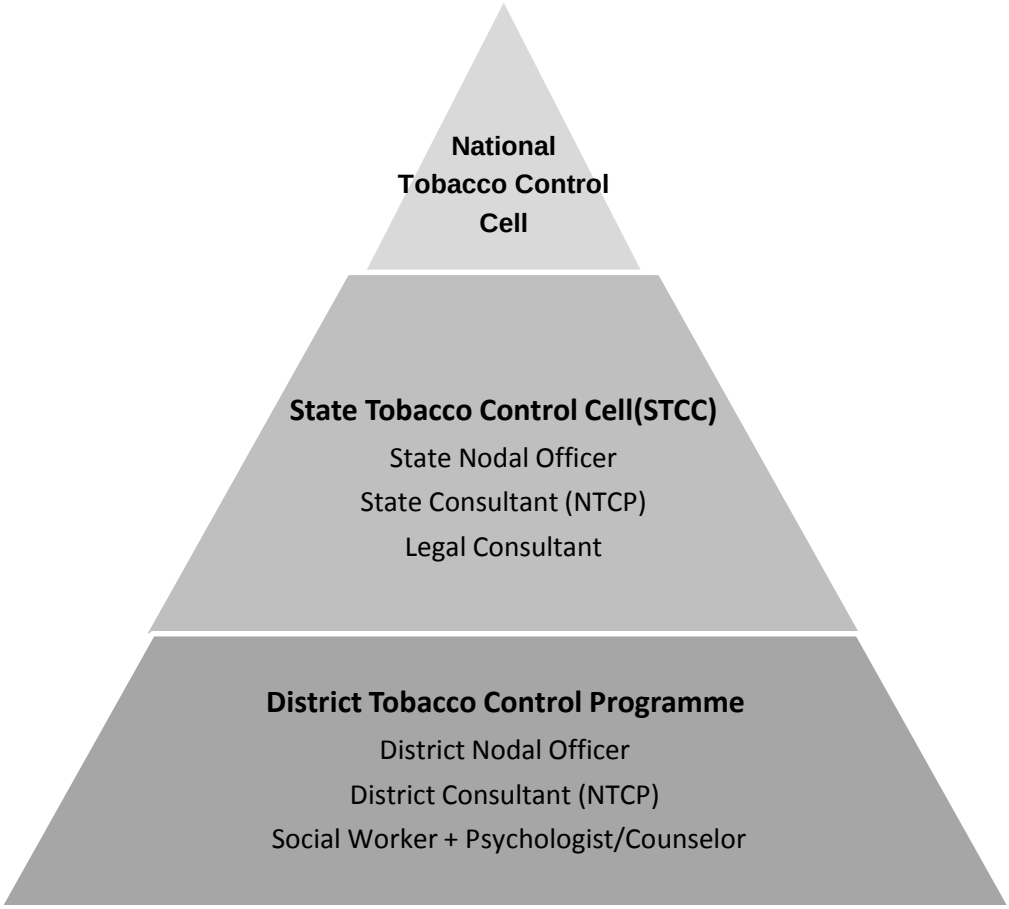
The main thrust areas for the NTCP are as under:

(i) Training of health and social workers, NGOs, school teachers, and enforcement officers;
(ii) Information, education, and communication (IEC) activities;
(iii) School programmes;
(iv) Monitoring of tobacco control laws;
(v) Coordination with Panchayati Raj Institutions for village level activities;
(vi) Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at district level.

Special emphasis would be placed under NTCP on further increasing the scope as well as the quality of the tobacco cessation services at all levels of the healthcare delivery system. The NTCP would also try to tap all possible opportunities to integrate tobacco control interventions with other health programmes to ensure most effective and efficient use of available resources. Through the National Health Mission, the NTCP would specially strive to reach out to the urban poor, tribals and marginal populations in underserved areas, who are prone to the menace of tobacco products including smokeless forms of tobacco.

National Tobacco Control Programme (NTCP)

NTCP will be implemented through a three-tier structure i.e. (i) National Tobacco Control Cell (ii) State Tobacco Control Cell & (iii) District Tobacco Control Cell [subsumed in the flexipool for Non Communicable Diseases (NCDs) under the National Health Mission (NHM)].



State Tobacco Control Cell (STCC)

Role and Responsibility: Every identified State/Union Territory has a State Tobacco Control Cell (STCC) in the State Health Department / Directorate General of Health Services. 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 also responsible for documentation of activities, recruitment of staff at state/district level and sending timely activity as well as financial reports to the NTCC.

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, and NPHCE]. This cell may operate

under National Health Mission, within the State NCD Cell or as a part of the Health Department or Directorate General of Health Services, as the case may be, in the States/UTs.

SI. No.	Activities under STCC	Approved amount for STCC per year (Lakhs)
1	IEC/Advocacy Campaign	15.00
2	Training of Key Stakeholders	4.00
3	Flexipool	5.00
4	Mobility Support @Rs. 25000/month	3.00
5	Manpower Support (State Consultant @Rs. 55000/- & Legal Consultant/Financial Consultant @Rs. 45000/-)	12.00
6	One time grant for office establishment	1.00
	GRAND TOTAL	**40.00**

1. State level Coordination Committee (SLCC):

Every state/UT should form/ constitute 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 (NTCP) will extend support to the member secretary in convening the meetings of the SLCC. This committee is responsible for overall implementation of the National Tobacco Control Programme and provisions of COTPA in the state. This is an indicative list and state Governments may add representatives from other departments as per need. The suggestive roles of SLCC members are defined as under:

SI. No.	Departments/Agencies	Roles
	Principal Secretary /Secretary (Health) or Mission Director NHM as Member Secretary	• Nodal Secretary for convening the meeting. • Regular monitoring, review and supervision of National Tobacco Control Programme
2.	Principal Secretary (Home) or the nominee	• 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 of COTPA related data.
3.	Principal Secretary (School/Higher Education) or the nominee	• Implementation of tobacco-free school guidelines in all schools. • Make all schools premises tobacco-free. • Inclusion of harmful effects of tobacco use in the school curriculum • Monitoring and Supervision of school health component of NTCP.
4.	Principal Secretary /Secretary (Finance) or his nominee	• Administration and harmonization of Tax on all tobacco products. • Ensure reduction in illicit trade and tax evasion by tobacco industry in the state.
5.	Principal Secretary/Secretary (Rural Development)	• Alternative Livelihood programme for the Bidi Rollers and others as relevant.
6.	Secretary Labour / Labour commissioner or the nominee	• 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 in coordination with Health Department. • To develop and implement schemes related to vocational training of bidi rollers for alternative livelihood opportunities.
7.	Secretary Transport/Transport Commissioner or the nominee	• To ensure that all public transport vehicles are Smokefree as per provisions under COTPA. • No direct/indirect advertisement of tobacco products like gutkha , pan masala on state transport including bus panels, bus stands and premises • Display of anti-tobacco messages on the Transport department properties including bus panels, bus stands, and bus tickets may be considered.
8.	Representative from Department of Railways	• To ensure implementation of provisions under COTPA in areas under the administrative control of Railway Department. E.g. ban on smoking, ban on advertisement of tobacco products, ban on sale of tobacco products to and by minors. • No sale of gutkha, pan masala and other banned tobacco products on railway platforms and trains. • Consider display of anti-tobacco messages on the railway properties including train panels, platform, railway tickets and its allied premises etc.
9.	Secretary Agriculture or the nominee	• To develop and implement schemes on 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 the nominee	• Consider launch of state wide public awareness campaigns on harm effects of tobacco use and provisions under COTPA. • Development of local IEC campaign materials for display at local events, health melas, state IEC campaigns. • Assist in development/adaptation of local IEC

		campaign materials for display and dissemination at local events, melas, State /District IEC campaigns.
11.	Civil Society organizations working on Health / tobacco control or the nominee	• Integrate tobacco control in all their ongoing interventions. • Monitor violations of tobacco control laws and bring them to the notice of concern Authorities/steering committee. • Collaborate with State Government/Local Government regarding anti-tobacco media campaigns. • Work with the Communities and CBOs, Panchayati Raj Systems and Urban Local Bodies to create awareness against tobacco use and strengthen the implementation of provisions under COTPA.
12	Collector/DM from one/two districts or the nominee	• Represent District Administration and highlight the concerns of the implementation of COTPA at District level and support NTCP implementation.
13	Secretary (Law) or the nominee	• Advise the state level committee on legal issues pertaining to implementation of COTPA and provide legal support to courts matters.
14	Secretary (Panchayati Raj) or the nominee	• To support enforcement of COTPA through the 3-tier elected Panchayati Raj system in the rural areas. • Assist in facilitating in convergence of tobacco control policies and COTPA with other health & developmental programme.

S.I. no 5 & 9 are applicable for tobacco producing and bidi rolling States.

However states may also form a small working group with representatives from select key Departments which will monitor the activities under NTCP on regular basis in order to support the SLCC. The working group may meet on a monthly basis; however, the SLCC should meet every quarter to review the progress of the work.

2. Activities of State Tobacco Control Cell (STCC): The main activities of STCC are:

2.1 Training and Capacity Building of relevant Stakeholders

2.1.1 Target Trainees: STCCs shall train multiple stakeholders keeping in mind the whole-of-government approach' for tobacco control through state level advocacy workshops/sensitization programmes. Efforts should be directed to involve all the state government departments for tobacco control. Specific/tailor made trainings should be organized for, Police, FDA, Health / Medical Professionals, Judiciary, Academicians, Students, Media etc. They shall also work very closely with NGO partners and involve them in advocacy workshops. The State Cell shall also organize Training of the Trainers Programme (ToT) for the DTCC Staff appointed followed by refresher training at regular intervals. Following are the suggestive training activities for STCC:

1) State Level Advocacy Workshop
2) Training of Trainers Programme for staff appointed at DTCC under NTCP.
3) Refresher training of the DTCC staff.
4) Training on tobacco cessation for Health care providers.
5) Law enforcers training / sensitization Programme.
6) Any other training to facilitate implementation of COTPA and WHO FCTC implementation.

The trainings should be organized at regular intervals and properly spaced in each quarter. Efforts should be made to integrate training with other health programmes such as NPCDCS, RNTCP, and others to maintain synergy. For conducting the State Level Trainings/Workshops, the existing state NHM norms should be used.

2.1.2 Identify Institutes for Training: Depending upon the needs and the expansion of the Programme, States may identify a training Institute of repute such as State Institute of Health & Family Welfare (SIHFW) to conduct all the State level training programmes under NTCP. Alternatively, State should identify any other training institute or agency of repute to get these trainings done.

2.1.3 Training Modules: The key areas/topics to be covered for the training programmes shall include: introduction and key provisions under the National Tobacco Control Programme; Tobacco Control Act; prevalence of tobacco use; types and forms of tobacco; health effects of tobacco use; socio-economic consequences of tobacco use; benefits of quitting tobacco; and role of civil society and other stakeholders in tobacco control at State level. The participants shall be provided with existing training modules and other necessary resource material available with National Tobacco Control Cell such as

1. Training module for doctors

2. Training module for health workers

3. Training module for teachers

4. National Tobacco Dependence Treatment Guidelines

5. Guidelines for implementation of COTPA.

The materials may be translated into local language for health workers as per need.

2.1.4 Resource persons for training: The resource persons for the training sessions shall be carefully selected as per their expertise and skill set. National Tobacco Control Cell may be contacted for facilitating trainings. Efforts should be made to identify local resource persons from Govt. Medical Colleges, Management Institutes or individual experts as well as experts from Civil Society Organizations.

2.3 IEC/Advocacy Campaign – Strategic Health Communication:

2.3.1 Incorporating Tobacco Control in the state level IEC campaign: The IEC material developed by the National Tobacco Control Cell (NTCC) can be locally adapted by the state team for awareness generation. There could be extensive IEC activities through electronic, print media, traditional, folk media etc. including bill boards, hand bills, posters, street plays, local cable network, Mobile Exhibition Kit and participation in Health Melas, local festivals etc. Efforts should also be made to integrate the IEC under NTCP with the State Health IEC under NHM / NPCDCS /RNTCP or other similar Health Programmes.

It is further recommended that each year 1-2 campaigns should be synergized with national level campaigns i.e. the National & State Level local media campaigns be coordinated in terms of both timing and message content for maximum impact. For example, radio is a highly effective medium and a central campaign implemented at the state level (and coordinated with the national mass media campaign) will attain stronger results.

States are also advised to pool in resources under the IEC which are provided to the District Tobacco Control cells under the Flexipool for Non Communicable Diseases (NCDs) under National Health Mission. The pooled-in resources shall be specifically used for synergizing the National & State level media Campaigns. States may further try to involve the community radio, wherever it exists, to create awareness. State may generate state level resources for display of boards (as per COTPA, 2003), public awareness campaigns through involvement of Corporates Houses under the new Corporate Social Responsibility (CSR) notified under the Companies Act of 2013, and the Rules framed thereunder.

The State should make efforts to highlight local issues and challenges pertaining to tobacco control in these campaigns.

2.4 Use of Flexi pool at State Level:

State may use funds under the flexible pool to support the activities of the State Tobacco Control Cell as per their respective needs including HR support (Programme Assistant & Data Entry Operator), travel of staff of the State Tobacco control Cell etc.

2.5 Integrating Tobacco Control with other health programmes / activities: The tobacco control initiatives may be integrated in Non-Communicable Disease programmes like Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS), National Mental Health Programme (NMHP), National Programme for Health Care of Elderly (NPHCE), Oral health, Drug de-addition programme and Revised National Tuberculosis Control (RNTCP) programme being implemented under the overall umbrella of NHM in the state. The state team shall collaborate and cooperate with the team members of other health programmes under NHM.

2.6 Monitoring the enforcement of Tobacco Control Law

The State Tobacco Control Cell need to take the following steps for enforcement and monitoring of the provisions of COTPA, 2003:

1) Put in place a Challaning mechanism by the Department of Health / Home Department and implemented across the state; it is suggested that the challans should be printed at state level or as decided by the state and distributed to all concerned authorities in the states.

2) Take steps to institutionalize the enforcement of COTPA by different mechanisms such as:
   - Mainstreaming it in the monthly/regular district crime review meetings of the police department.
   - Making compliance to COTPA a necessary condition in the licenses being issued to eateries/food Joints/shops
   - Including compliance to COTPA as terms and conditions in tenders issued for advertisement on bus panels.
   - Integrating COTPA into departmental trainings such as Police training academies, Education department, Labour department, Women and Child, Rural Development etc.

3) ensuring that the "No sale of tobacco products to minors" , "No smoking in public places" and "No sale of tobacco products around educational institutions" boards as per specification are duly installed at relevant places

4) Putting in place an effective reporting system and proforma/format for monitoring enforcement of provisions of COTPA 2003, by the concerned Departments including Home, Education and others.

State should maintain records of COTPA violation reported to various authorities including Helpline, and report to the NTCC periodically.

2.7 Manpower for STCC

There is provision of recruiting two contractual staff at the state level to assist the State Nodal Officer in tobacco control initiatives. The two personnel are (ToRs are at **Annexure 1 & 2**):

1) State Consultant - 1
2) Legal Consultant – 1/ Finance Consultant – 1*

The NTCC shall facilitate conduction of training for STCC manpower at National /Regional level. These staff shall also be given opportunities to participate in trainings and meetings organized by MoHFW or by other agencies working on tobacco control.

*** Apart from State Consultant, there is provision of only one more consultant at the State level under the NTCP. As per its need, State/UT can recruit either a Legal Consultant or a Finance Consultant on contractual basis at a monthly remuneration of Rs. 45,000/month.**

2.8 Role and Responsibilities of STCC:

The following roles and responsibilities of STCC are only indicative/ suggestive.

1. Implementation, supervision and monitoring of various activities of NTCP at State & District level.

2. Recruitment of the staff at the state /district tobacco control cell, 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 all the officers of other departments who have been authorized for enforcement of the various provisions of the Act and the Rules

    - Ensure printing of challan and receipt books and sending the same to districts/ concerned authorities. The revenue generated from Challan may preferably be used for tobacco control activities using appropriate mechanisms.

    - Constitute a State Level Coordination Committee (SLCC) and organize regular meetings.

    - Conducting regular checks at public places, public conveyances, point of sale etc. for compliance of 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 awareness generation.

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 on tobacco tax and with Department of Education for protecting the youth from initiating use of tobacco products.

11. Ensuring regular reporting to NTCC and assisting districts in timely submission of UC's to ensure regular fund flow

12. Networking and developing synergies with other health and development programmes at state level. Documentation of the best practices on tobacco control in the state and sharing within the state beyond.

13. The State Tobacco Control Cell should report to the National Tobacco Control Cell at the Ministry of Health and Family Welfare on a quarterly basis in the prescribed format at **Annexure-3**.

2.9 Financial Guidelines

The State Level Activities under NTCP are centrally sponsored with 100% funding from Central Government. The funds shall be released by MoHFW to States/UTs through established mechanism to carry out various activities under the program.

The States shall 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 shall be needed.

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 –4**

Annexure –1

Terms of Reference (TOR)

State Consultant - NTCP

Qualifications required:

Essential: Post Graduate in Public Health or Social Sciences or Management or related field from a recognized institution/university.

OR

MBBS/BDS candidates with at least 3 years of Experience

Desirable:

(a) At least 3-5 years of 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.

Key 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.
- 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.

No. of Position: One per state

Remuneration: Rs. 55,000/- per month and commensurate with qualification/ experience with provision for annual increment.

Period of contract: 1 year - extendable based on annual performance evaluation.

Job location will be at the STCC, O/o State Nodal Officer for Tobacco Control in the Department of Health/Directorate of Health Services.

Annexure-2

Legal Consultant – State

Qualifications required:

Essential: Minimum qualification of a degree in Law from a recognized University;

Desirable:

2-3 years of experience of handling cases in District Court / 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.

Perform expected duties under direct supervision of the State Nodal officer – Tobacco Control.

Job Description:

a) The Legal Consultant will assist State Tobacco Control Cell and provide infrastructural support for handling issues related to law and policy to ensure effective implementation of the Tobacco Control Laws and Framework Convention on Tobacco Control.
b) 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.
c) To assist in drafting of replies to various judicial cases and RTI applications related to tobacco.
d) Conduct workshops for law enforcers/ NGOs and others.
e) To maintain follow ups of all cases, case files and tracking court hearings to ensure timely and effective action.
f) To collate information on violation under the Tobacco Control Act and report the same.
g) To network with related civil society groups and advocating for strong tobacco control policies.
h) To undertake any other tasks and responsibilities assigned by the supervisor.

No. of Position: One per state

Remuneration: Rs. 45,000.00 and commensurate with qualification/ experience with provision for annual increment.

Period of contract: 1 year - extendable based on annual performance evaluation.

Job location will be at the STCC, O/o State Nodal Officer for Tobacco Control in the Department of Health/Directorate of Health Services.

Annexure –3

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 - State Consultant - Legal officer - Any other		
3.	a) Whether State Level Co-ordination Committee (SLCC) has been constituted		
	b) Whether Working Group (WG) has been set up		
	If yes, the composition		
4.	Whether COTPA and its rules have been displayed on the official State website		
5.	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 challan books have been printed and sent to districts		
	Whether separate head of account has been opened for deposit of challan amount		
6.	Whether letters have been issued by the State Govt. to incorporate compliance with COTPA in the monthly crime review meetings and relevant trainings		
7.	If yes, does the State Cell get monthly reports from different Districts?		
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

S.No.	Activities	During the quarter	Up to the quarter in the Financial Year
1.	No. of meetings of the SLCC with dates		
	No. of meetings of the Working Group with dates		
2.	Whether State Level Advocacy Workshops held If yes, attach reports/minutes		
	No. of participants in the Advocacy Workshops		
3.	Training of Trainers programmes held If yes, attach reports		
4.	Trainings on tobacco cessation for Health care providers If yes, attach reports		
	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.)		
	Examples of different IEC materials disseminated		
	Examples of instances of integration of tobacco control messages in other health / development campaigns		
6.	Details of meetings held with other relevant State Govt. departments		
	Details of training programs of other departments in which STCC participated and made presentations on tobacco control		
7.	Details of meetings held with civil society organizations and professional bodies (e.g. NGOs, NSS, NCC, IDA, IMA etc.)		
8.	DTCCs set up in the State		
	Staff recruited by the DTCCs		
9.	Districts where District Level Co-ordination Committees have been set up		
	Districts where meetings of the District Level Co-ordination Committees have taken place		
	Total Meetings of the District Level Co-ordination Committees		
10.	Districts where enforcement squads have been set up to monitor compliance of COTPA		
	Visits conducted by the enforcement squads		

	Persons challaned and amount collected **(information to be given month-wise in the format as annexed)**		
	Details of complaints received through National Violations helpline		
	Details of such complaints where action has been taken		
11.	Trainings/sensitization programmes for different stakeholders organized by district cells		
	Participants in the trainings/sensitization programmes at district level		
12.	Types of IEC materials adapted/ developed by DTCCs (e.g. posters/stickers/handouts/wall paintings/hoardings etc.)		
	PHCs, CHCs, Govt buildings, schools and other public places covered with these IEC materials		
13.	Schools covered in the School Programmes by the district cells (i) Public Schools (ii) Private Schools (iii) Coaching Institutes		
	Details of children covered in these School Programmes		
	Details of School Programmes conducted		
14.	Number and names of districts where Tobacco Cessation Centres (TCCs) have been set up		
	Details of TCCs set up in the districts (indicate separately details of TCCs set up in the district hospitals, other government set-ups, NGOs, private set-ups etc.)		
	a. Whether staff is in place in these TCCs		
	b. Whether counselors working in these TCCs are formally trained in cessation activities (indicate separately the total number of counselors in place and the number of counselors who have received formal training)		
	c. Have the TCCs arranged for any cessation trainings for healthcare providers/workers? If yes, indicate the number of trainings undertaken with details		
	d. Whether pharmacological treatment of tobacco dependence is available		
	e. Whether equipments such as Carbon Monoxide monitor and Spirometer have been procured		
	f. No. of persons who availed services at the TCCs		
	i. Number of persons who received counseling		
	ii. Number of persons who received pharmacotherapy		
	iii. Number of persons who received both		
15.	State may provide details of any other outstanding/important initiative/activity undertaken during the quarter at the State or district levels (including in non-NTCP districts of the States)		

Part C

Statement of Expenditure (SoE) for State Tobacco Control Cell

Year: _____

S.No.	Budgetary heads	Opening Balance (April__)	Fund received	Total available funds	Expenditure	Closing / Available Balance as on
1	Remuneration State Consultant @ 55,000/- month					
	Remuneration Legal Consultant @ 45000/- month					
2	IEC/Advocacy Campaign					
3	Training of Key Stakeholders					
4	Flexible Pool					
5	Mobility Support @Rs. 25000/month					
6	One time grant for office establishment					
7	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 may 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		
	Whether TCC has been set up (including procurement of equipments)		
2.	Status of recruitment of staff in the District Cell/ TCC - District Consultant - Psychologist/ Counselor - Social Worker - Any other		
3.	Whether District Level Co-ordination Committee (DLCC) has been constituted		
4.	Whether COTPA and its rules have been displayed on the official district website		
5.	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 (kindly share monthly reports with the STCC)		
6.	Whether Utilization Certificate has been submitted for the previous financial year		
7.	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 with dates		
2.	Visits conducted by the enforcement squads		
	Persons challaned and amount collected *(information to be given month-wise in the format as annexed)*		
	Complaints received through National Violations helpline		
	Details of such complaints where action has been taken		
3.	Trainings/sensitization programmes for different stakeholders organized by DTCC		
	Participants in the trainings/sensitization programmes organized		
4.	Types of IEC materials adapted/ developed by DTCC (e.g. posters/stickers/handouts/wall paintings/hoardings etc.)		
	PHCs, CHCs, Govt buildings, schools and other public places covered with these IEC materials		
5.	Schools covered in the School Programmes by the DTCC (i) Public Schools (ii) Private Schools (iii) Coaching Institutes		
	Details of children covered in the School Programmes		
	Details of School Programmes conducted		
6.	Details of meetings held with other relevant State Govt. departments		
	Details of training programs of other departments in which DTCC participated and made presentations on tobacco control		
7.	Details of meetings held with civil society organizations and professional bodies (e.g. NGOs, NSS, NCC, IDA, IMA etc.)		
8.	No. of Blocks where Block Level Coordination Committees have been set up		
	No. of villages where Village Level Committees have been set up		
9.	Details of TCCs set up in the district (indicate separately details of TCCs set up in the district hospital, other government set-ups, NGOs, private set-ups etc.)		
	a. Whether staff is in place in these TCCs		
	b. Whether counselors working in these TCCs are formally trained in cessation activities (indicate separately the total number of counselors in		

	place and the number of counselors who have received formal training)		
	c. Have the TCCs arranged for any cessation trainings for healthcare providers/workers? If yes, indicate the number of trainings undertaken with details		
	d. Whether pharmacological treatment of tobacco dependence is available		
	e. Whether equipments such as Carbon Monoxide monitor and Spirometer have been procured		
	f. No. of persons who availed services at the TCCs		
	i. Number of persons who received counseling		
	ii. Number of persons who received pharmacotherapy		
	iii. Number of persons who received both		

Part C
Expenditure Details *

S.No.	Budgetary heads	Opening Balance as on	Fund received with date	Total available funds	Expenditure	Closing Balance as on
		DTCC				
1	**STAFF REMUNERATION**					
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	**Pharmacological Treatment** Procurement of drugs and related expenditures					
7	**Flexible Pool**					
8	**INFRASTRUCTURE** One time grant for Office Establishment (Computer with printer/accessories etc.)					
9	**Earned Bank Interest** (if any)					
Total						
		TCC				
1	**STAFF REMUNERATION**					

2	**INFRASTRUCTURE** One time grant (Procurement of equipment etc.)					
3	**Training and outreach**					
4	**Contingency and Misc.**					
5	**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 may kindly be indicated here.

Signature & Seal
District Nodal Officer

Annexure –4

UTILIZATION CERTIFICATE FOR THE PERIOD _____
(To be used by STCC)

1. Certified that out of Rs. _____ of grants-in-aid sanctioned during the year _____ in favour of State Health Society, Rs. _____ under the Ministry of Health & FW's Sanction No. ___ PH-I dated ____ and Rs. ____ on account of the unspent balance of previous grant sanctioned vide sanction no. ____ dated ___ and Rs. ____ on account of interest received during the year, a sum of Rs. ____ 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 Rs. _____remaining unutilized at the end of the year will be utilized and adjusted towards the grant in aid payable during the next year ____.

2. <name of the head from which the fund has been released > [kindly refer to the sanction letter issued for release of funds from Ministry.

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

District Tobacco Control Cell (DTCC)

The District Tobacco Control Cell (DTCC) shall be established in a district under the umbrella of the District Health Society. The space for setting up the DTCC should be provided by the district authorities. The cell would be the focal point for all the activities carried out under the National Tobacco Control Programme (NTCP) at the district and sub-district levels. It would be responsible for overall planning, implementation, and monitoring of different activities and for achievement of physical and financial targets under the programme. The role of the DTCC is extremely crucial as most of the activities under the NTCP are to be implemented at district and sub-district levels.

Key activities at the district-level include:

a) Training of Key stakeholders: health and social workers, NGOs, school teachers, enforcement officers etc.
b) Information, Education and Communication (IEC) activities.
c) School Programmes.
d) Monitoring tobacco control laws.
e) Setting-up and strengthening of cessation facilities including provision of pharmacological treatment facilities at the district level.
f) Co-ordination with Panchayati Raj Institutions for inculcating concept of tobacco control at the grassroots.

The DTCC is to be headed by a District Nodal Officer, preferably Chief Medical Officer/Civil Surgeon of the district 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), National Oral Health Programme and National Programme for Health Care of Elderly (NPHCE). Other team members of this cell include a District Consultant, a Psychologist /Counselor and a Social worker, appointed on a contractual basis under the NTCP. Every District should constitute an enforcement squad preferably under the Collector/ District Magistrate (DM). The squad would be responsible for monitoring compliance with the tobacco control laws in the jurisdiction and for taking action against any violations in the district.

District Level Coordination Committee (DLCC)

Each district should have a District Level Coordination Committee (DLCC) chaired by the Collector or District Magistrate. The District Nodal Officer would be the member secretary and should convene regular 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	• Nodal Officer for convening the meeting. • Regular monitoring, review and supervision of the District Tobacco Control Programme
2.	Superintendent of Police	• 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	• Implementation of tobacco-free educational institutions guidelines. • Monitor compliance with Sections 4 & 6 of the Tobacco control Act (COTPA). • Awareness programmes in the schools and community outreach activities in rural areas /urban slums through involvement of school children.
4.	Sales Tax Officer	• 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.
5.	District Information Officer (DIO)	• District wide public awareness campaigns on harmful effects of tobacco use and on provisions under COTPA. • Develop local IEC campaign materials for display and dissemination at local events, melas, and local campaigns.
6.	BDO/SDM of select Blocks & Two BDC members on rotation basis	• Represent Block Administration and highlight the concerns of the implementation at Block level. • Alternate livelihood programme for bidi rollers under NRLM/SGSY
7.	Municipal Health Officer	• Enforce 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	• Implement school programmes and create tobacco free educational institutions. • Involve students in campaigns and organizing events against tobacco use • Implement Sections – 4 & 6 of

		COTPA
9.	District Labour Officer*	• Ensure that all tobacco products manufactured in registered factories print the pictorial health warnings on the packaging. • Vocational training to bidi rollers for alternative livelihood. • Sensitization of bidi rollers about the Health hazards of bidi rolling
10.	Agriculture Extension Officers*	• Awareness generation on alternative crops options for tobacco growers • Awareness generation among the farmers about the harmful effects of Tobacco growing as well as its use.
11.	Civil Society Organizations working on Health / Tobacco Control/Livelihood	• 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 Systems and Urban Local Bodies to create awareness against tobacco use and strengthen the implementation of COTPA.
12.	Representative from the Department of Food and Drug Administration	• Enforce and monitor the relevant provision of the FSS Act, 2006 • Enforce ban on Gutkha and other smokeless tobacco products, if applicable

#Competent authority may include additional members from other departments such as Department of Transport, Department of Industry etc. beyond the list as deemed necessary

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

Activities of District Tobacco Control Cell (DTCC)

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

1. **Training and Capacity Building of relevant Stakeholders**
   a) **Target Trainees**: Training and capacity building is an important activity of the Cell. 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 Departments 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 (both COTPA-

2003 and the relevant provisions of the FSS Act 2006); prevalence of tobacco use; types and forms of tobacco consumption; 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 etc. 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 in each quarter of the year. This should be a full one-day workshop and the number of participants should be approximately 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) 10 training workshops for target groups should be organized in a year with around 50 participants in each programme. These trainings may be of half-a-day and the staff of District Tobacco Control Cell should organize them preferably in the workplaces/offices of the trainees/ groups.

   iii) Integrating a session on tobacco control laws and related issues in existing training programmes or workshops 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 of these training programmes or workshops under different national programmes (both health and non-health).

Suggestive Training Plan*

	No of Trainings per year	No of Participants per training programme	Budget per training programme (Rs.)
District Level Advocacy Workshop 1 day duration	4	100	60,000
Training /Workshops ½ day duration	10	50	20,000
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 - 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 (we can also collaborate with other programmes such as Rashtriya Kishor Swasthya Karyakram in this regard); and ii) initiate tobacco control programmes in 70 schools in a district in a year (Tobacco-free School guidelines are at **Annexure - 2**)

Number of schools in a District
70 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.

Implementation of School Programmes
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. She/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 are at **Annexure - 3**.
- For Steps detailing the implementation of the school programme, refer **Annexure - 4**.
- 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.
    - The annual budget for school programme per school could be around Rs. 10,000/- (Total Rs. 10000×70 ~ Rs. 700,000)

The DTCC may synergize with the Rashtriya Bal Swasthya Karyakram for greater effectiveness and efficiency in conducting the School Health Programmes aimed at tobacco control.

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. Studies[1] have indicated that by

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

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.

a) Setting up Tobacco Cessation Centres (TCCs)

For setting up tobacco cessation centres/services, the first step should be to identify a proper place - preferably, it should be in the district hospital. Other 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, 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 regular tobacco cessation services in OPD in district hospital where those who want to quit can be referred and counseled as per a 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 can also refer appropriate cases to the District Hospitals. In this context, synergy with programmes such as NPCDCS should be explored.

One Counsellor/ Psychologist would be provided in each Tobacco Cessation Centre (TCC) to be established under the NTCP. The centre should be supported by basic equipments for running the clinic. Certain equipments like Carbon Monoxide monitor and Spiro-meter are useful in providing effective cessation facilities. A separate non-recurring grant of Rs. 250,000 has been provided under the TCC budget for procurement of equipments for setting and running the TCC under the NTCP. Space is also an important factor for running a TCC effectively - there should be enough privacy for the patients to sit and to discuss the problems with the Counsellor/ Psychologist.

In the 12th FYP period, there is a separate provision of Rs. 200,000 per year under the DTCC budget for providing Pharmacological Treatment of Tobacco Dependence at the district level. In this context, the procurement and storage of the NRT drugs should be strictly guided by the extant NHM Guidelines/ State NRHM Guidelines, whichever applicable. The DTCC should also ensure compliance with the GFR provisions in all financial transactions.

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. ANMs can also be trained to provide simple guidance on tobacco cessation. However, pharmacological interventions can be carried out only by medical practitioners.

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, especially the Psychologist and the Social Worker, should need to be trained, preferably at the 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. A separate fund of Rs. 100,000 per year has been provided under the TCC budget for training and outreach activities.

d) Other activities to be conducted by the TCCs

TCC under the NTCP should also try 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 disseminated to 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. A robust referral system, facilitating referral of patients/ tobacco users from the periphery to the district hospital should be in place.

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 the DTCC keeping in consideration the local needs. The support of NGOs and other partners may be enlisted and plays 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 the national level would 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.

f) The DTCC should ensure compliance with the GFR provisions in all financial transactions.

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. On the issue of formation of these enforcement squads/ teams and conducting regular periodic raids, the Department of Health should take the lead in collaboration with the Department of Home Affairs. 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 '*Guidelines for Law enforcers 2013*' for effective implementation of tobacco control laws were released by the MoHFW on 28th May 2013. These guidelines include a compilation of the latest rules as well as the enforcement procedures for various provisions of the law. The said guidelines have been prepared to facilitate the states/ districts in implementing the various provisions of the Act. The DTCC can train the enforcement officials as per these guidelines. 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.

d. Sustained efforts should also be put in place by the DTCC to increase the quality of implementation of the relevant provision of the FSS Act, 2006 in the district.

e. The State Tobacco Control Cell should report to the National Tobacco Control Cell at the Ministry of Health and Family Welfare on a quarterly basis in the prescribed format. The reporting format has two sections each containing three parts viz. Part A (to be answered in yes or no), Part B (only relevant numbers to be mentioned) and Part C (details of expenditure). The second section (marked 'DTCC to STCC'; **see <u>Annexure - 5</u>**) will be reported by the individual District Tobacco Control Cells (DTCC) to the State Tobacco Control Cell (STCC), and after collating the information and adding state level data, STCC will pass on the information to NTCC through the first section (marked 'STCC to NTCC') of the format. Thus, the DTCC would 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.

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 District Consultant, Psychologist/Counselor and Social Worker.
The terms of reference of the above personnel are at **Annexure - 6**.
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.
The district level contractual manpower under NPCDCS/NCD, already engaged/to be engaged (Epidemiologist/ Public Health Specialist, District Programme Coordinator, Finance cum logistics consultant and DEO) shall extend their support towards different activities under the NTCP. The contractual manpower at the CHC and the District NCD Clinic (Doctor, Physiotherapist, Counsellor and DEO) shall also extend support towards tobacco cessation services and other activities under the NTCP.

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 (see **Annexure - 5**).
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 financial reports/ statements of expenditure 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 of 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. Effective enforcement of relevant provision of the FSS Act, 2006
10. Provision for Pharmacological Treatment of tobacco dependence at the district level.
11. 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.

12. 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.
13. Documentation of the best practices on tobacco control in the district and sharing them with STCC.

Financial Guidelines

Annual allocation of DTCC budget

SI. No	Details of Activity	Amount (INR)
A.	**Non – Recurring**	
i.	One time grant for office establishment	100,000.00
	TOTAL non-Recurring	**100,000.00**
B.	**Recurring**	
i.	Training of Key Stakeholders	500,000.00
ii.	Development of IEC/Campaign materials etc.	700,000.00
iii.	Implementation of School Programmes	700,000.00
iv.	Mobility Support @Rs. 25,000.00 per month	300,000.00
v.	Provision for Pharmacological Treatment of tobacco dependence @Rs. 200,000.00 per year	200,000.00
vi.	Manpower support: 1. Social Worker – (1) @ Rs. 25,000.00 per month 2. Consultant – (1) @ Rs. 40,000.00 per month Note: Epidemiologist/ Public Health Specialist, District Programme Coordinator, Finance cum logistics consultant etc. would be shared with NPCDCS/NCD programmes.	780,000.00
vii.	Flexible Pool	7,20,000.00
	TOTAL Recurring	**3900,000.00**
	GRAND TOTAL (A+B)	**4,000,000.00**

The contractual manpower under NTCP will be given 10% hike in each subsequent year. Necessary provision may be kept accordingly.

Annual allocation Tobacco Cessation Budget

SI. No	Details of Activity	Amount (INR)
A.	**Non – Recurring**	
i.	Procurement of equipment for setting and running TCC	250,000.00
	TOTAL non-Recurring	**250,000.00**
B.	**Recurring**	
i.	Training and outreach	100,000.00

ii.	Contingency and Miscl	100,000.00
iii.	Manpower support: 1. Psychologist/ Counselor @Rs. 25,000 per month	300,000.00*
	TOTAL Recurring	500,000.00
	GRAND TOTAL (A+B)	**750,000.00**

**The amount indicated is for the 1st Year only, for each subsequent year an increment of 10% shall be factored in.*

The ratio of the share of GOI and state would be as per extant norms.

Mobility Support

This fund can be used for ensuring the mobility of the enforcement squad. Mobility support can also be used for hiring operational vehicle under the NTCP.

Flexible Pool

The District may use flexible pool as per its requirement and planning. The flexible pool may also be used to hire Data Entry Operator (DEO) for the DTCC on contractual basis. The ToRs for the DEO are at **Annexure-6**.

Manpower Support

The funds under the manpower support (for both DTCC as well as TCC) can't be used to support any staff, directly or indirectly, in the State Tobacco Control Cell or in any DTCC/ TCC/ District, not approved in the PIP.

Rest of the financial guidelines has already been covered in the section above - Activities of District Tobacco Control Cell (DTCC) - under appropriate headings.

Block Level Interventions

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

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

Village level Interventions

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.

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.

Annexure: 1

"District Level Advocacy Workshop on National Tobacco Control Program"*

Day/Time **Session Title**

	District 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	*Tea Break*	
11:00-11:30	**Burden of tobacco in India, in the State & the National Tobacco Control Program**	
11:30- 12:15	**WHO FCTC & best practices in India**	
12:15- 12:45	**Tobacco Control Act (including relevant provisions of the FSS Act 2006)**	
12:45-1.00	**Open discussion and strategies on effective implementation of Tobacco Control Programme in the District**	
01:00-02:00	*Lunch*	
02:00-02:20	**Role of various Govt. Departments/ Other Stakeholders in tobacco control**	
02:20 – 03:00	**Discussion on hookah bars closure or any other best practice relevant to the District**	
03:00-03:20	**Community Based Tobacco Control Initiatives & Tobacco Free Educational Institutions**	
03:20-03:45	*Tea Break*	
03:45-04:00	**Media campaigns on tobacco control**	
04:00 – 04:15	**Growing tobacco addiction among youth - the way ahead**	
04:15-5:00	**Open discussion and Closing remarks & Vote of Thanks**	

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

*** Indicative only-DTCC is encouraged to modify the agenda as per the district-specific requirements**

Annexure: 2

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), al 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 ongoing 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 Comprehensive School Health Policy: (www.whoindia.org/LinkFiles/NMH_Resources_Health_Policy_for_schools.pdf)

Annexure: 3

Guidelines for selection of NGOs under the National Tobacco Control Programme

Introduction:

Tobacco is the most common preventable cause of death in the country. As per NFHS-3 (2005-06), the percentage of women in the age group of 15-49 years who use any kind of tobacco is 10.8 and men is 57.0. North Eastern states like Mizoram has high prevalence of tobacco usage among women which is 61%. Diseases like cancer, cardio vascular and lung disorders are directly attributable to tobacco consumption. The high consumption of tobacco in the country is a matter of serious Public Health concern.

The main components of the National Tobacco Control Programme are as follows:

1. Setting up of State/District Tobacco Control Cells
2. District Tobacco Control Programme.
3. IEC & mass media campaign
4. Training & Capacity building of health workers, school teachers etc.
5. Capacity building of Labs
6. Monitoring and Evaluation

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 age.

6. Any other criteria deemed necessary by the competent authority in respective States.

Release of Grants:

- Extant guidelines of Government/ NRHM are 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 Control 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 Rs.7 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.

Annexure: 4

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 5: 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 6: 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 7: 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.

Annexure-5

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		
	Whether TCC has been set up (including procurement of equipments)		
2.	Status of recruitment of staff in the District Cell/ TCC - District Consultant - Psychologist/ Counselor - Social Worker - Any other		
3.	Whether District Level Co-ordination Committee (DLCC) has been constituted		
4.	Whether COTPA and its rules have been displayed on the official district website		
5.	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 (kindly share monthly reports with the STCC)		
6.	Whether Utilization Certificate has been submitted for the previous financial year		
7.	Whether Statement of Expenditure has been submitted for the previous financial year		

Part-B

S.No.	Activities	During the quarter	Up to the quarter in the Financial Year
1.	No. of meetings of the DLCC with dates		
2.	Visits conducted by the enforcement squads		
	Persons challaned and amount collected *(information to be given month-wise in the format as annexed)*		
	Complaints received through National Violations helpline		
	Details of such complaints where action has been taken		
3.	Trainings/sensitization programmes for different stakeholders organized by DTCC		
	Participants in the trainings/sensitization programmes organized		
4.	Types of IEC materials adapted/ developed by DTCC (e.g. posters/stickers/handouts/wall paintings/hoardings etc.)		
	PHCs, CHCs, Govt buildings, schools and other public places covered with these IEC materials		
5.	Schools covered in the School Programmes by the DTCC (i) Public Schools (ii) Private Schools (iii) Coaching Institutes		
	Details of children covered in the School Programmes		
	Details of School Programmes conducted		
6.	Details of meetings held with other relevant State Govt. departments		
	Details of training programs of other departments in which DTCC participated and made presentations on tobacco control		
7.	Details of meetings held with civil society organizations and professional bodies (e.g. NGOs, NSS, NCC, IDA, IMA etc.)		
8.	No. of Blocks where Block Level Coordination Committees have been set up		
	No. of villages where Village Level Committees have been set up		
9.	Details of TCCs set up in the district (indicate separately details of TCCs set up in the district hospital, other government set-ups, NGOs, private set-ups etc.)		
	a. Whether staff is in place in these TCCs		
	b. Whether counselors working in these TCCs are formally trained in cessation activities (indicate separately the total number of counselors in		

	place and the number of counselors who have received formal training)		
	c. Have the TCCs arranged for any cessation trainings for healthcare providers/workers? If yes, indicate the number of trainings undertaken with details		
	d. Whether pharmacological treatment of tobacco dependence is available		
	e. Whether equipments such as Carbon Monoxide monitor and Spirometer have been procured		
	f. No. of persons who availed services at the TCCs		
	i. Number of persons who received counseling		
	ii. Number of persons who received pharmacotherapy		
	iii. Number of persons who received both		

Part C
Expenditure Details *

S.No.	Budgetary heads	Opening Balance as on	Fund received with date	Total available funds	Expenditure	Closing Balance as on
		DTCC				
1	**STAFF REMUNERATION**					
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	**Pharmacological Treatment** Procurement of drugs and related expenditures					
7	**Flexible Pool**					
8	**INFRASTRUCTURE** One time grant for Office Establishment (Computer with printer/accessories etc.)					
9	**Earned Bank Interest** (if any)					
Total						
		TCC				
1	**STAFF REMUNERATION**					

2	**INFRASTRUCTURE** One time grant (Procurement of equipment etc.)					
3	**Training and outreach**					
4	**Contingency and Misc.**					
5	**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 may kindly be indicated here.

Signature & Seal
District Nodal Officer

Annexure - 6

Terms of Reference (TOR)

District Consultant - NTCP

Qualifications required:

Essential: Post Graduate in Public Health or Social Sciences or Management or related field from a recognized institution/university

Or

MBBS/BDS candidates with at least 2 years of experience

Desirable:
(a) At least 2 years of work experience in the health sector.
(b) Experience of working in the government sector at District 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:

- Proficient in programme implementation with the active involvement of stakeholders.
- Technically proficient in participatory planning and developing yearly, quarterly plans with clear outcome indicators.
- Capability of carrying of trainings and large scale IEC campaigns.
- Evaluate programme outcomes on periodic basis.
- Ability to share programme thrust areas, progress and outcome in the District Level/State Level meetings, seminars & workshops..
- 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/local language, both written and verbal.

Key Responsibilities and Duties:

- To prepare District Level implementation plans for Tobacco Control with clear measurable outcomes and achievable targets.
- To coordinate with District level line departments and other agencies for successfully implementing tobacco control programme at the District Level
- Ensure proper implementation of plans as per programme guidelines and directions issued by the STCC from time to time.
- To conduct training, advocacy programmes, school programmes and monitoring visits for ensuring compliance of COTPA, 2003 provisions.
- Involve CSO, CBO, Media and other departments in tobacco control as per NTCP operational guidelines.
- To ensure quality and monthly reporting of all the activities including utilization of resources undertaken by the District Tobacco Control Cell.
- Preparation of quarterly and annual reports.

- To undertake any other tasks and responsibilities assigned by the STCC.

No. of Position: One per district
Remuneration: Rs. 40,000.00 and commensurate with qualification/ experience with provision for annual increment.

Period of contract: 1 year - extendable based on annual performance evaluation.

Job location will be at the O/o the District Nodal Officer for Tobacco Control (DTCC).

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.

No. of Position: One per district

Remuneration: Rs. 25,000.00 and commensurate with qualification/ experience with provision for annual increment.

Period of contract: 1 year - extendable based on annual performance evaluation.

Job location will be at the O/o the District Nodal Officer for Tobacco Control (TCC).

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.

No. of Position: One per district

Remuneration: Rs. 25,000.00 and commensurate with qualification/ experience with provision for annual increment.

Period of contract: 1 year - extendable based on annual performance evaluation.

Job location will be at the O/o the District Nodal Officer for Tobacco Control (DTCC).

Data Entry Operator

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

Job Description:

- 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.

No. of Position: One per district

Remuneration: Rs. 12,000.00 and commensurate with qualification/ experience with provision for annual increment.

Period of contract: 1 year - extendable based on annual performance evaluation.

Job location will be at the O/o the District Nodal Officer for Tobacco Control (DTCC).