NATIONAL TOBACCO CONTROL PROGRAMME
CHAPTER- NATIONAL TOBACCO CONTROL PROGRAMME

Executive Summary

Tobacco is a risk factor for cancer of various organs, cardiovascular and pulmonary diseases, and is strongly associated with pulmonary TB. Cancer is currently the second largest killer in the nation behind heart disease, but could become the top killer in five years. Nicotine contained in tobacco is highly addictive and leads to chronic dependence of tobacco users. Moreover use of tobacco products by pregnant women results in many adverse health effects and consequences of the unborn child. There is a no. of disease control programmes, including National Rural Health Mission, under implementation by the Govt. All efforts must be made to integrate NTCP activities into other ongoing national health programmes like RNTCP (Revised National Tuberculosis Control Programme), National Mental Health Programme (NMHP), National Programme for Prevention and Control of Diabetics, Cardiovascular Diseases and Stroke (NPDCS), Reproductive and Child Health Programme (RCH), School Health Programme etc.

The Framework convention on Tobacco Control (FCTC) is the first international treaty negotiated under the auspices of the WHO aimed at curbing tobacco related deaths and diseases. India was the first country to ratify the FCTC on 5th February ‘2004 and is now a party to the convention and therefore, has to implement all provisions of this international treaty. Accordingly, the Tobacco Control Act, 2003 was introduced. As an impact of the Act, public smoking is banned in Assam by legislation. The Govt. of India proposed a pilot Programme for effective implementation of the anti-tobacco legislation and to create awareness about the adverse health consequences of tobacco consumption.

The Govt. of India launched a pilot programme for effective implementation of the anti-tobacco legislation and to create awareness of tobacco consumption and hence, Programme (NTCP) was launched in Assam in October 2007. The NTCP was launched in 2007– 08 covering 18 districts of 9 States (Assam, West Bengal, Madhya Pradesh, Tamil Nadu, Karnataka, Gujarat, Rajasthan, Delhi, Uttar Pradesh). Further in 2008-09, 12 new states covering 24 districts (Bihar, Jharkhand, Orissa, Sikkim, Arunachal Pradesh, Mizoram, Nagaland, Tripura, Maharashtra, Goa, Uttarakhand, and Andhra Pradesh) have been added.

Background

Assam is geographically located at latitude 26.00 N and longitude 93.00 E, covering a population of 26,638,407 (13,787,799 men, 12,850,608 women) at a decadal growth rate of 18.8%. Density (per sq. km.) was 340 with a sex ratio of 932 women per 1000 men and a literacy rate of 64.3% (71.9% men, 56.0% women).

The North-East region exhibits highest rates of tobacco use going up to over 63% prevalence in some states. In Assam 23 % women, 72% man use any form of tobacco and 36% use cigarettes/bidis. (Source: NFHS-3, 2005-06).

Few research studies have been conducted related to tobacco use. Hence, wide range specific data is not available, apart from Global Adult Tobacco Survey, Global Youth Tobacco
Survey (GYTS) and Global School Personnel Survey (GSPS) data. The scenario is lacking in detailed specific state figures.

Tobacco use is the leading preventable cause of death in the world. Globally, tobacco causes 5.4 million deaths or an average of one death every 6 seconds and accounts for one in 10 adult deaths worldwide. The death toll is projected to reach more than 8 million by 2030 if current trends continue. In India, the tobacco related deaths currently range between 8-9 lakh per year. Everyday 5500 Indian youth start smoking between the young ages of 10 to 14 years.

The Ministry of Health and Family Welfare, Govt. of India, has taken clear steps to deal with the menace of tobacco use. India has been a predecessor in tobacco control, recognizing the injurious effects of tobacco products as early as the 1970s. But the variety and popularity of forms of tobacco consumption in India, both smoked and smokeless, are causing dreadful increases in cancer deaths. Oral cancer rates in India are occurring at a very high incidence with the popularity of gutka, khaini, zarda, mishri, and other chewing tobacco. The intake of tobacco is irrefutably linked to cancers of the mouth, throat, and lung, as well as coronary artery and obstructive lung diseases.

In India more than 40 per cent of cancer cases are caused due to tobacco use. The relationship between oral cancer and tobacco can be assessed from the WHO estimates according to which 91 per cent of oral cancers in South-East Asia are directly attributable to the use of tobacco. India has been a forerunner in the fight against the tobacco epidemic. In order to curb this epidemic, India has enacted comprehensive tobacco control legislation.

Most of these provisions under this legislation, like ban on smoking in public places, prohibition on sale to minors and ban on tobacco advertising, promotion and sponsorship have been notified.

The Framework convention on Tobacco Control (FCTC) is the first International Treaty negotiated under the auspices of the WHO aimed at curbing tobacco related deaths and diseases. India was the first country to ratify the FCTC on 5th February ’2004 and is now a party to the convention and therefore, has to implement all provisions of this international treaty. Accordingly, the Tobacco Control Act, 2003 was introduced. As a result of the Central Act, public smoking is banned in Assam by legislation. The Govt. of India proposed a pilot Programme for effective implementation of the anti-tobacco legislation and to create awareness about the adverse health consequences of tobacco consumption.
Situation Analysis

As per National Family Health Survey (NFHS-3, 2005-06), Percentage of women and men age 15-49 years who use any kind of tobacco, who smokes cigarettes or bidis, etc.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Indicator</th>
<th>India Male</th>
<th>India Female</th>
<th>Assam Male</th>
<th>Assam Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Who use any kind of tobacco</td>
<td>57.0</td>
<td>10.8</td>
<td>72.4</td>
<td>23.2</td>
</tr>
<tr>
<td>2</td>
<td>Who smokes cigarettes/ bidis</td>
<td>32.7</td>
<td>1.4</td>
<td>36.4</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Findings of the Global Tobacco Youth Survey:

Among 50 sampled schools, the response rate was 100%. The student response rate was 86.8% based on 2508 sampled students. The non-response was due to absence on the day(s) of the survey. A total of 2177 students participated. The study represents results for a sample of 741,954 school going students of ages 13 to 15 years in Assam. Among 2177 respondents, 55% were boys and 45% girls.

Major findings:

- Ever tobacco use was reported by 40.1% (boys 46.8%, girls 32%), with 80.3% users (boys 77%, girls 86.9%) reporting initiation at 10 years of age or earlier.
- Current use of tobacco (any product) was reported by 36.1%, more among boys (45.2%) than girls (25%).
- Current smokeless tobacco use was reported by 25.3% (boys 29.3%, girls 20.4%).
- Current smoking was reported by 19.7% (boys 28.6%, girls 8.9%).
- Current cigarette smoking (9.9% overall), like current smoking, was almost thrice more common among boys (14.6%) than girls (4.4%), smokeless tobacco use in the form of chewing was reported by 48.5% and applying by 18.8%.
- Among chewers, gutka use was the most popular (54.4%) followed by Tamol and tobacco mixture (28.9%).
- Among appliers, 58.5% applied tobacco toothpaste, 25% red toothpowder and 16.3% Gul.
- Among smokers, 60.1% reported cigarette smoking, and 21.9% reported smoking in multiple forms.
- Almost all cigarette smokers (96.3%), half of smokeless tobacco users among boys (54.3%) and one quarter of girls (24.3%) reported needing tobacco the first thing in the morning
- Current smoking at home was reported by 71.4%, more often by girls (91.6%) than boys (65.9%). Parental tobacco use was reported 2 to 3 times more often by tobacco users compared to never tobacco users.
- Among cigarette smokers, 25.7% wanted to stop smoking, whereas 19.8% had already tried to stop smoking during the past year.
Highlights of the Global Tobacco Youth Survey:

- 36% of students currently use any form of tobacco; 10% currently smoke cigarettes; 27% currently use some other form of tobacco.
- ETS exposure is high – 6 in 10 students live in homes where others smoke; 6 in 10 are exposed to smoke in public places; half have parents who smoke, chew, or apply tobacco.
- Almost half of students think smoke from others is harmful to them.
- Over 6 in 10 students think smoking in public places should be banned. Two-thirds of smokers want to quit.
- 7 in 10 students saw anti-smoking media messages in the past 30 days; 8 in 10 students saw pro-cigarette ads on billboards in the past 30 days; 7 in 10 students saw pro-cigarette ads in newspapers or magazines in the past 30 days.

(Source: India-Assam, GYTS-2001)

The Ministry of Health & Family Welfare conducted the Global Adult Tobacco Survey (GATS-India) in 2009-10 as a household survey of persons 15 years of age and older. The major objectives of the survey were to obtain estimates of prevalence of tobacco use (smoking and smokeless tobacco), exposure to second-hand smoke, cessation, economics, exposure to media messages on tobacco use, and knowledge, attitudes and perceptions towards tobacco use.

Prevalence of tobacco use

Percentage of current tobacco users according to States, Global Adult Tobacco Survey (GATS India Report 2009-2010) data:

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Male</th>
<th>Female</th>
<th>Total for State</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall tobacco use</td>
<td>52.6%</td>
<td>25.3%</td>
<td>39.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoked</td>
<td>12.8</td>
<td>0.1</td>
<td>6.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokeless</td>
<td>26.6</td>
<td>23.1</td>
<td>24.9</td>
<td>562,983</td>
<td>232,551</td>
</tr>
<tr>
<td>Bidi</td>
<td>10.2</td>
<td>0.1</td>
<td>5.3</td>
<td>12,775</td>
<td>60,539</td>
</tr>
<tr>
<td>Chewing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td>13.2</td>
<td>2.1</td>
<td>7.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Global Adult Tobacco Survey India Highlights

- Current tobacco use in any form: 34.6% of adults; 47.9% of males and 20.3% of females
- Current tobacco smokers: 14.0% of adults; 24.3% of males and 2.9% of females
- Current cigarette smokers: 5.7% of adults; 10.3% of males and 0.8% of females
- Current bidi smokers: 9.2% of adults; 16.0% of males and 1.9% of females
- Current users of smokeless tobacco: 25.9% of adults; 32.9% of males and 18.4% of females
Among daily tobacco users, 60.2% consumed tobacco within half an hour of waking up.

Average age at initiation of tobacco use was 17.8 with 25.8% of females starting tobacco use before the age of 15.

Among minors (age 15-17), 9.6% consumed tobacco in some form and most of them were able to purchase tobacco products.

Five in ten current smokers (46.6%) and users of smokeless tobacco (45.2%) planned to quit or at least thought of quitting.

Among smokers and users of smokeless tobacco who visited a health care provider, 46.3% of smokers and 26.7% of users of smokeless tobacco were advised to quit by a health care provider.

About five in ten adults (52.3%) were exposed to second-hand smoke at home and 29.0% at public places (mainly in public transport and restaurants).

About two in three adults (64.5%) noticed advertisement or promotion of tobacco products.

Three in five current tobacco users (61.1%) noticed the health warning on tobacco packages and one in three current tobacco users (31.5%) thought of quitting tobacco because of the warning label.

The National Tobacco Control program was launched in the country in 2007.

The Goals of NTCP are to:

- Eliminate exposure to environmental tobacco smoke
- Promote quitting among adults and youth
- Prevent initiation among youth
- Identify and eliminate disparities among population groups

The four components of NTCP are:

- Population-based community interventions
- Counter-marketing
- Program policy/regulation
- Surveillance and evaluation

The framework for the NTCP has been categorized into pilot phase: Phase-I & Phase-II by the Ministry of Health & Family Welfare, Govt. of India.

- Phase-I (2007-08):
  The pilot Phase-I (2007-08) proposed to develop the strategies for formulating the National Programme on Tobacco Control. The following are the specific steps for implementing (as per Govt. of India’s and WHO Guidelines).

1. **State Tobacco Control Cell** - There is a State Tobacco Control Cell in the State level. The State Unit is manned by 1 Consultant, 1 Program Assistant, 1 Data Entry Operator to build the capacity of the state in effective enforcement of the Anti-tobacco Act and also to
coordinate the district tobacco control Programme. It will be supported by a Programme Assistant.

(2) **District Tobacco Control Cell (DTCC)** for implementation of the anti-tobacco laws, public awareness against ill-effects of tobacco use. School programmes, effective monitoring/enforcement of anti-tobacco provisions and providing support to tobacco cessation are included in the activities. The DTCC personnel are 1 Psychologist, 1 Social Worker, engaged on contractual basis selected by the State Unit to carry out the tobacco control activities. DTCC will establish (i) Tobacco Cessation Centre (TCC) (ii) Training and capacity building for tobacco control (iii) IEC/ BCC/ Mass media campaign (iv) School health programme (v) Effective Monitoring and Evaluation for implementation of the anti-tobacco laws, public awareness against ill-effects of tobacco use. School programme. As proposed, two districts, namely, Kamrup (Metro) and Jorhat have been identified for DTCC. Approval of expansion to four more districts of Barpeta, Darrang, Dibrugarh, Cachar has been intimated to the Mo HFW by the State Govt.

**The District Tobacco Programme comprises of the following components:**

1. **Tobacco Cessation Centre (TCC)**
   For tobacco cessation activities there will be Tobacco Cessation Centre in the 2 District Tobacco units. These TCC would provide counseling and pharmacotherapy to tobacco Users for quitting the tobacco addiction besides TCC develops community outreach programmes and conduct training and awareness programme at schools and colleges

2. **Training:**
   The District TCC conduct training workshop among the School Teachers, Health Workers, law enforces, Women Self Help Group, other civil society organization etc. training on tobacco control will be provided by identified GOI institutions/TCC on tobacco epidemic, tobacco control laws and implementation of the same.

3. **IEC:**
   The IEC strategies for the year 2011-2012 focus more on making the communication strategies more comprehensive. While the mainstream media from Viz.print, Electronic and radio are included to cater to the general masses, there are new strategies proposed to reach out more effectively to the masses residing in remote areas. State and District level campaigns would be carried out through Street corner shows, exhibitions, Mela etc. in regional language. Awareness programs on tobacco control proposed to be carried out by the women SHG/NGO in Community, villages, slums etc. IEC materials will be developed and disseminated in local languages.

4. **School Programmes:**
   The school programme is aimed at creating awareness among the school children who will also become the ambassadors for the cause. In the second phase of pilot project at least 50 Government School per district per year, would be taken under the coverage of School Programme @Rs.8000/-per school as expected expenditure.
5. Monitoring of Tobacco Control Laws:

A small teams of trained personnel at every level is formed with a view to ensuring laws to ban on smoking in public places, ban on sale of tobacco products to minors are properly implemented. Small teams of trained school teachers, health workers, law enforcers, women SHG, and other civil society organizations would be formed to cover small areas of each district. These groups with local NGOs would report Violations for ensuring proper implementation of tobacco control law, dedicated Tobacco Cessation Centers.

The National Tobacco Control Programme (NTCP) Assam, was merged under National Rural Health Mission (NRHM) vide Govt notification No.HLA.392/2005/137 dtd 25/03/2008.

At present NTCP is functioning in the State capital, Kamrup (M) and Jorhat District.

For the year 20011-12, Morigaon District is proposed to be adopted as pilot district under NRHM innovative program. Additional 10 District proposed to be covered under the innovative program in the second quarter of the financial year.

**Activities conducted by NTCP up to December 2010**

- Setting up of the State Tobacco Control Unit at the Mission Director, National Rural Health Mission, Assam, Khanapara.
- Constitution of a State Coordination Committee – 2 meetings conducted
- Setting up of the District Tobacco Control Unit in 2 districts- Kamrup (M) and Jorhat
- Networking with Govt and Non-Govt. agencies
- Engagement of state and district functionaries on contractual basis
- Conducted Workshops with other State Programs and non govt agencies
- Capacity building of human resource – State and District personnel trained.
- Director Health Services nominated to Baltimore, USA, for 3-weeks summer training on tobacco Control by the World premier Institution of John Hopkins School of Public Health
- The Tobacco Act uploaded in the NRHM website (http://www.nrhmassam.in)
- Letter to all HOD of State General Administration, District Administration, Municipal Corporation, All Govt. departments, universities, private hospitals, Cinema hall owners Associations, Hotel owners Associations/ Hotel managers, Private transport Associations, cultural hall managers on designating nodal officers to enforce putting up of boards on no smoking in public places with penalty warning on violation of the same.
- Extensive development of IEC/BCC materials in print, audio, audio-visual.
- Commemoration of the World No Tobacco Day on the 31st of May.
- Approval of Expansion to four more districts of Barpeta, Darrang, Dibrugarh, Cachar
- Ongoing Monitoring of the Sec 4, 5 & 6 of Tobacco Control Act 2003 at the state and district level.
- Continuous Monitoring of the Sec 4, 5, 6 of Tobacco Control Act 2003 at the State and District level.
- Steering Committees constituted at State and District level.
Conducted and organized 1 day seminar on the official release of the ‘Bidi Monogram’ amongst the Media. The viewing has been effective and has created much awareness on the tobacco issues.

A day long training program on ‘Community based cessation techniques’ of 80 Doctors and Dentists of 50 Primary Health Centre (PHC) /Community Health Centre (CHC)

State level Advocacy seminar on implementation of the Tobacco Control laws..

participated at the 2 day Regional Food Conference on Smoke less tobacco products that are in rampant use in the state – alarmingly by women and children/students

Conducted training at Police Training School, Dergaon, Assam

2 days Training Workshop of law enforcers on “Effective Enforcement of Comprehensive Tobacco Control Legislation and Policies.

Conducting 2 days Workshop on ‘NE Regional workshop on development of media strategy’ with support from WHO, in collaboration with the MoH&FW. Participated by NRHM IEC/BCC co-ordinators, DD PPC-NE, DDK, DAVP, AIR, PIB,DIPR of the 7 states , State IEC officer of the Health dept of 5 states, Regional Song and Drama Div, local print, audio, satellite TV, cable TV, mobile theatre

A pilot project on “TB and Tobacco integration Program” is initiated by the GOI - two states of the country, 1 district each. Assam is one of the selected states and the district is Kamrup.

TB and Tobacco integration pilot Program - 67 Medical Officers trained,466 Health workers

Signature campaign in Jorhat District, 5000 signatures collected. Flagged off by the Chief Minister of Assam.

Competition held in 2010 among the 60 puja pandals on display of banner ,poster and play acting on awareness against tobacco

Declaration of Tobacco Free School & Colleges.

Charaibahi Higher Secondary School, Jorhat

Jorhat CKB Commerce College, Jorhat

Pandu college, Guwahati

B. Barooah College, Guwahati

Guwahati University

30 Hoardings in Jorhat District.

105 large hoardings installed by NRHM in all approx 4 in each districts

Intensive media campaign-radio, TV, Street plays, puppet shows, road shows.

Networking and convergence with additional health and other Government programs.

Partnership programs wit NGOs, and corporate, public, private agencies to conduct advocacy programs.

Orientation of 300 Police Personnel on enforcement..

Issuance of section 144 PC by the District Administration of Kamrup and Kamrup (M) & Jorhat.

Order by Gauhati University authority is pleased to declare the University Campus as “No Tobacco Zone” area, under the provision of Tobacco Control Act 2003, (Section-6(b) prohibiting smoke and sale of Tobacco products.

Training of Doctors, Dentists, Nurses, ASHA, s, DOTS providers, Media, in Kamrup (M) and Jorhat.
Orientation of Hotel owners and Managers on Smoking Ban in public places.
Advocacy programs conducted at airport, Inter State Bus terminus, railway stations, Zoo, Market places.
Sensitization programme at Gauhati University
State educational excursion program-Gyan Jyoti
Task force constituted in coalition with District Administration, Municipal Corporation on supervising violations and compliance of section-4, & 6
Collaboration with Telecom networks, Satellite TV, FM channel, Print media
Awareness campaign on Tobacco cessation in Chest & TB Hospital of Guwahati Pilot testing of the survey Questionnaire of NIHFW on tobacco use on 125 students.
Dip - stick survey of public attitudes and behaviors at 5 cinema halls of the sponge advertisement on tobacco warning of 25 persons for its doctors, staff, and patients.
3 month Internship of Dentist, appearing for Masters in Public Health Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) at Thiruvananthapuram in the State Tobacco Control Cell.
Cessation Helpline booths in health camps.
Quitting/ techniques at the School Programs, is a significant part of the program.
Active participation in Annual Health Meals.
Awareness programme with National Cadet Core (NCC), Ngo, religious leaders
Awareness programme at Tea Estates
Tobacco Cessation Centre at the District Tobacco Control Cells
Initiation the establishment of tobacco cessation facilities in (Guwahati Medical College, 2 District Hospital) of the State and Dental College, Guwahati
Resource mobilization to states of Nagaland, Arunachal Pradesh, Tripura, Meghalaya.

Training Load of Assam

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>District Name</th>
<th>Block Medical Officers and Medical Officers</th>
<th>Healt Workers</th>
<th>ASHA</th>
<th>NUR SE</th>
<th>Hotel Owners/Managers</th>
<th>NE Media Workshop</th>
<th>Enforcement Officers/Police personnel</th>
<th>Signature Campaign</th>
<th>School Teacher/student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kamrup</td>
<td>120</td>
<td>466</td>
<td>50</td>
<td>40</td>
<td>45</td>
<td>85</td>
<td>54/300</td>
<td>320/3500</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Jorhat</td>
<td>37</td>
<td>45</td>
<td>20</td>
<td>5000</td>
<td>250/4000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Funding Source

NTCP Assam has two source of Funding for the State Unit:

(1) World Health Organisation (WHO) Provides for:

- Remuneration, State Consultant
- Travel and Communication expenses
- Office Consumables (Stationary and other related expenses)
- Contingency

(2) Ministry of Health Family Welfare (MoHFW) fund provides for: State Cell

- Salary for Program Assistant.
- IEC materials
- Training
- Contingency

District Cell funded by Ministry of Health Family Welfare (MoHFW):

- Salaries of 1 Psychologist, 1 Social Worker 1 Data Entry Operator
- Training
- IEC
- School Program
- Monitoring (Travel and Communication)
- Contingency

Budget of the MoH& FW 2010-2011 - Proposed Budget for of State Tobacco Cell

<table>
<thead>
<tr>
<th>Infrastructure/Administrative : Recurring Costs</th>
<th>Budgeted amount (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Staff Salaries :</td>
<td></td>
</tr>
<tr>
<td>Programme Assistant</td>
<td></td>
</tr>
<tr>
<td>@ Rs. 10,000/- x 1 person x 12 months</td>
<td>1,20,000/-</td>
</tr>
<tr>
<td>Data Entry Operator (DEO)</td>
<td></td>
</tr>
<tr>
<td>@ Rs. 6,000/- x 1 person x 12 months</td>
<td>72,000/-</td>
</tr>
<tr>
<td>IEC materials</td>
<td>300,000/-</td>
</tr>
<tr>
<td>Training</td>
<td>100,000/-</td>
</tr>
<tr>
<td>2. Contingency Expenditure</td>
<td>100,000/-</td>
</tr>
<tr>
<td>Total</td>
<td>6,92,000/-</td>
</tr>
</tbody>
</table>

Total Cost for State Tobacco Cell = 6.92 lakhs
### Budget of the MoH& FW - District Tobacco Control Programme, 2010-2011

Budgetary Estimate for one district:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Details</th>
<th>Sub-total</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Remuneration</td>
<td></td>
<td>2,88,000</td>
</tr>
<tr>
<td></td>
<td>Psychologist/Counselor</td>
<td></td>
<td>120,000</td>
</tr>
<tr>
<td></td>
<td>@ Rs.10,000/- x 1person x 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Worker</td>
<td></td>
<td>96,000</td>
</tr>
<tr>
<td></td>
<td>@ Rs.8,000/- x 1person x 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data Entry Operator (DEO)</td>
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<td>72,000</td>
</tr>
<tr>
<td></td>
<td>@ Rs.10,000/- x 1person x 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Training</td>
<td></td>
<td>2,00,000</td>
</tr>
<tr>
<td>3.</td>
<td>IEC</td>
<td></td>
<td>2,00,000</td>
</tr>
<tr>
<td>4.</td>
<td>School Programme</td>
<td></td>
<td>4,00,000</td>
</tr>
<tr>
<td>5.</td>
<td>Monitoring the tobacco control laws &amp; reporting</td>
<td></td>
<td>86,000</td>
</tr>
<tr>
<td>6.</td>
<td>Contingency</td>
<td></td>
<td>80,000</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td><strong>12,54,000</strong></td>
</tr>
</tbody>
</table>

Total for one district Rs. 12.54 lakhs, for 2 districts – Rs. 25.08 lakhs

New district to be taken up in 2011-12

Morigaon to be as additional district to be included under State Health Society, with the following budgetary activity head in duplication to the GOI guidelines for 1 District cell.

### Budget of the MoH& FW - District Tobacco Control Programme, 2011-2012

Budgetary Estimate for Morigaon district:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Details</th>
<th>Sub-total</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remuneration</td>
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<td></td>
</tr>
<tr>
<td>2 Training</td>
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<td>2,00,000</td>
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</tbody>
</table>
### Summary Budget

<table>
<thead>
<tr>
<th>Activity</th>
<th>Amount (Rs. In Lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Budget of State Tobacco Cell</td>
<td>Rs.6.92</td>
</tr>
<tr>
<td>Budget of the MoH&amp;FW- District Tobacco Control Programme</td>
<td>Rs.25.08</td>
</tr>
<tr>
<td>Grand Total</td>
<td>Rs.32.00</td>
</tr>
</tbody>
</table>

Total budget proposed – Rs. 32.00 lakhs

**For the year 2011-12, NTCP Plan of Action**

1. Ensure that the Govt. notify Enforcement agencies and mechanism of the Gazetted Officers as Enforcement Squad for conducting raids in public places/public transport for violating Tobacco Control Act, ejection of violators of this Act from the public places and imposing penalty.
2. Convergence into all health programs/vertical programmes of State Health Society
3. Integrating tobacco control elements into relevant related Programs of Education, Transport, Excise and Customs, Tourism, Labour etc.
4. IEC development- print, audio, audio-visual, electronic media, theatre, all forms
5. Trainings – health professional, teachers, media, police, law enforcers and other stakeholders
6. School program – sensitization - addressing teachers and students to create a tobacco free environment.
7. Constant monitoring of the implementation of the rule of the Tobacco Control Act.
8. Order by all District Administration on ban on smoking in public places and sale of tobacco products near educational institutions.
9. Create environment for tobacco control activities & cessation of tobacco use.
10. Declaration of several tobacco free educational institutions.
11. Mass scale awareness among all levels on tobacco boycott, ban and cessation
12. Fining mechanism for violations to be established
(13) Strengthening Tobacco Control Programme at state and district level through superior capacity building, networking, convergence, partnering of stakeholders, Advocacy, Public education, mass awareness, enforcement, compliance.

(14) Expansion of the components of the program to all districts

(15) Strengthen cessation activities- dental college, medical colleges, and other avenues.

Additional resource requirement from NRHM flexipool.

Fund assistance required from NRHM additionalties under the following activity head;

State level

➢ Mobility assistance (vehicles with fuel) for state/ district monitoring visits to the districts
➢ Conducting Training support
➢ BCC & IEC
   A. Hoardings
   B. Newspaper advertisements on World No Tobacco Day -31st May and on special occasions requiring publicity
   C. Radio Jingle
   D. Sign boards
   E. Audio visual on sensitization, information
   F. Audio on sensitization, information
   G. Print of Information booklets, posters, other materials
   H. Annual State Symposium

Other logistics:

➢ Hardware and Software items, Stationary items.

District level:

For District Jorhat and Kamrup(M)

1. Mobility assistance (vehicles with fuel) for Block level monitoring by the district personnel
2. Trainings of different stakeholders
3. IEC and BCC
   a. Sign boards on information dissemination
   b. Print material-posters, leaflets, hand books
4. Hardware and Software items, Stationary items