GOVERNMENT OF ANDHRA PRADESH

OFFICE OF THE
DIRECTOR OF TECHNICAL EDUCATION
ANDHRA PRADESH :: MANGALAGIRI

Memo.No.H/5781/2019 Date:16-10-2025

Sub: Technical Education – Academic – National Tobacco Control Program, (NTCP) – Implementation of NTCP activities across all Polytechnics – Implementation of Tobacco Free Educational Institutions (ToFEI) – Nomination of Single Point of Contact for each Polytechnic - Instructions – Issued.

Ref:
1. Memo.No.H/5781/2019, Director of Technical Education, Dated 26-06-2024.
2. D.O.No.8-2/2024-KT, Secretary, Ministry of Education, dated 18-06-2024.
3. RC. No. 97/NCD/NTCP/2022, Commissioner of Health & Family welfare and Mission Director, National Health Mission, AP, Dated 26-09-2025.
4. Cir.Memo.No.H/2025/Eagle Clubs, this office, dated 15.02.2025.

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In continuation to the reference 1st cited, it is to inform that vide reference 3rd cited a meeting has been convened with Commissioner of Health & Family welfare and representatives from National Health Mission. During the meeting, it was resolved to collect the details of a Single Point of Contact (SPOC) from each institute to ensure effective implementation of the National Tobacco Control Programme (NTCP), with the objective of establishing Tobacco-Free Educational Institutions and Tobacco-Free Villages.

Further, vide reference 4th cited, all Principals are informed to reconstitute EAGLE CLUBS for every year and instructed to submit the details to this office within 30 days of commencement of academic year. However, it is noticed that several Polytechnics have not yet submitted the proceedings and list of EAGLE CLUB members yet. In this connection, it is reiterated that Principals of all Polytechnics shall submit the reconstitution proceeding of EAGLE CLUB for the year 2025-26 and submit the same along with list of members to emails eagleclubdteap@gmail.com and eagle.ap@ap.gov.in forthwith, besides informing the District Magistrate and Collector concerned.

In view of the foregoing, Principals of all Government, aided and Private Polytechnics are hereby informed to appoint a teaching staff as Single Point of Contact (SPOC) for both National Tobacco Control Program and EAGLE Club activities. Further informed to furnish the details of SPOC through the Google form link/QR given below:

https://forms.gle/7NGW42GCeXesmiCM9

Additionally, the contact details of District-level Psychologists, Social Workers, and NCD Officers are enclosed herewith for reference and for coordination in conducting various NTCP and EAGLE Club activities.

Sd/- V. PADMA RAO
JOINT DIRECTOR

To
All Principals of Govt., Private & Aided polytechnics
Copy to the Secretary, SBTET A.P. Mangalagiri.
Copy to Regional Joint Directors, A.U & S V U Region for information

//F.B.O.//

S. Sumeetha 14/10/25
SUPERINTENDENT

District NCD Programme Officer details

Sl.No	Name of the Districts	Name of the PO-NCD/RBSK (if incharge mention i/c)	Mobile Number
1	East Godavari	Dr CH Hari Chandra prasad(Rev MO)	8519924146
2	Kakinada	DR .V.Aruna	9912240825
3	Konaseema	Dr.. M.Sumalatha	9440387690
4	Visakhapatnam	Dr. B. Harika	9618195599
5	Ankakapalli	Dr. Esthar Rani	9652223304
6	Vizianagaram	Dr.V.V.B.Subramanyam(regular)	8074518804
7	Manyam	Dr.T.Jaganmohan Rao(regular)	9494191436
8	Srikakulam	Dr.E.Venkata Rao,In Charge(Phc Mo)	8106419580
9	ASR	Dr.Prathap,Mo(In Charge)	9440983678
10	West Godavari	Dr. Ch. Dhanalakshmi (I/c PHC-MO)	8500477549
11	Eluru	Dr. K.Nrendra Krishna (I/c PHC-MO)	9176153063
12	ANANTAPUR	Dr. G. Narayana Swamy, (Foreign Deputation)	9440768982
13	GUNTUR	Dr. Rohini Ratnasri (Foreign deputation)	9848134046
14	KRISHNA	Dr. K HIMA BINDHU Incharge (PP UNIT Avinagadda)	9786274100
15	NTR	Dr. G Madhavi Naidu (Foreign Deputation)	9494454525
16	PRAKASAM	Dr.G.Bhagiradhi Devi (Foreign Deputation)	9848224622
17	YSR	Dr. S.Ramesh (I/c PHC-MO)	9014265600
18	SPSR NELLORE	Dr.D. Yaswanth CAS(Regular)	8142598555
19	SRI SATHYA SAI	Dr.K.Padma Mani, (Incharge Doctor FDP)	7093118831
20	TIRUPATI	Dr.P.Reddy Prasad (i/c PHC MO)	9703427352
21	KURNOOL	Dr.Maheswara Prasad	9515103789
22	NANDYAL	Dr.Kantha Rao Naik(I/C)	9985010360
23	BAPATLA	Dr K Lalitha Rajeswari	9160129853
24	PALNADU	Dr. Swarna Rajarajeswari (In charge M.O)	7382461445
25	CHITTOOR	Dr Giri (i/c PHC MO)	8688614885
26	ANNAMAYYA	Dr. Siva Prathap (Foreign Deputation)	8790721713

Psychologists

S.NO	Name of the Psychologist	Present TCC working	Additional New TCC allotted upto March 2026	Mobile number
1	K. Suresh	Srikakulam	Not allotted	7416715667
2	S.Venkata Ramana	Vizianagaram	Parvatipuram manyam	9441087874
3	K.Syamala	Anakapalli	Visakhapatnam	9885886262
4	B.Raju	East Godavari	Kakinada (Wednesday), Konaseema (Saturday)	9154000140
5	K.CH.Veerraju	Eluru	West Godavari	9701310089
6	M.V.D. Subramanyeswara rao	Krishna	NTR	9441229696
7	Jyothi	Guntur	Palnadu	8978610102
8	vacant	Prakasam		
9	Saraswati	Nellore	Not allotted	8686425925
10	S. Alekhya	Chittoor	Tirupathi	7997514791
11	K. Lakshmi Devi	YSR Kadapa	Annamayya	9492207629
12	K. Chandra shekhar	Kurnool	Nandyala	85001 44470
13	K. Ranemma	Sathya Sai	Ananthapur	7416210085

District Level Social Workers - NTCP

Sno	Name of the District	Name of the Social Worker	Mobile Number
1	Srikakulam	**Vacant**	
2	Parvathipuram Manyam	K.Bhavani	9652869089
3	Vizinagaram	**Vacant**	
4	Visakhapatnam	Revathi Shetty	7093704200
5	Anakapalli		
6	ASR	B.Manoj Kumar	9059522294
		K.Santha Kumari (AH) Paderu	8332992239
7	Kakinada	Raghava	99491 53428
8	East Godavari	M. Arjun Rao	9676463715
9	Kona Seema	Prameela (AH) Amalapuram	9052361010
10	West Godavari	G.Bala	9848142623
		Sadhu (AH) - TANUKU	9963067525
11	Eluru	G.Bala	9848142623
12	NTR	**Vacant**	
13	Krishna	Syamala (AH)Gudivada	9298005484
14	Guntur	**Vacant**	
15	Bapatla	Ramesh (AH)Chirala	7780528738
16	Palnadu	**Vacant**	
17	Prakasam	Prattipati Sujatha	9000228620; 8919591883
18	Nellore	Hasini	9885967575
19	Tirupati	Aruna	9985301220
		Lalitha (AH) Guduru	9705642626
20	Chittoor	T. Lavanya	7569984966
21	Annamaya	L. Sreevani	7013468370, 9515202840
22	Y.S.R Kadapa	Suma Latha (AH)Pulivendala	9182121318
		L. Sreevani	7013468370, 9515202840
23	Anantapur	B. Sreeramulu	9959103366
24	Sri Satya Sai District	Samanthaka Mani	9110532526
25	Kurnool	Soma Sekhar	9618102835
26	Nandyala	China Veeranna	9704411475

Ministry of Health
& Family Welfare
Government of India

Choose LIFE.
Not Tobacco.

CODE OF CONDUCT FOR PUBLIC OFFICIALS IN COMPLIANCE TO ARTICLE 5.3 OF WHO FCTC

1. Background

1.1 Tobacco use is the leading cause of preventable death and kills half of its users prematurely[1]. Tobacco use is also a key risk factor for major group of Non-communicable diseases[2] – cardiovascular disease, cancer, chronic respiratory disease, diabetes – and other diseases including tuberculosis and neurological disorders. About 14% of all NCDs deaths among adults aged 30 years and over are attributable to tobacco[3]. Globally it kills more than 80 lakh (8 million) people a year. More than 70 lakh (7 million) of those deaths are the result of direct tobacco use while around 12 lakh (1.2 million) are the result of non-smokers being exposed to second-hand smoke[1]. Tobacco users who die prematurely deprive their families of income, raise the cost of healthcare and hinder economic development.

1.2 In India, each year over 13 lakh (1.3 million) deaths can be attributed to tobacco use[4]. The actions needed to avert these preventable deaths are outlined in the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), which is an evidence-based treaty and enlists key demand and supply reduction strategies for tobacco control. The Government of India has signed and ratified the WHO FCTC and is now a party to it along with 181 nations[5] and hence is obligated to take systematic steps towards implementation of the WHO FCTC.

1.3 The preamble to WHO FCTC[6] recognizes that countries "need to be alert to any efforts by the tobacco Industry to undermine or subvert tobacco control efforts and need to be informed of activities of tobacco industry that have negative impact on tobacco efforts".

1.4 Article 5.3 of the WHO FCTC provides the Parties to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes. In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law. Guidelines[7] of the Article 5.3 also recommend that Parties should establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.

2. Purpose

The purpose of these guidelines is to protect tobacco control policies and programmes from commercial and other vested interests of tobacco industry.

3. Scope

This Code of Conduct shall apply to all the Officials of Ministry of Health and Family Welfare, its Departments and all the autonomous institutions and Offices under its jurisdiction and to any person acting on their behalf.

4. Definition of Terms

a. "Tobacco Industry" (TI) shall mean organisations, entities, associations, individuals and others who work for or on behalf of tobacco manufacturers, wholesalers, distributors, importers of tobacco products, growers, and other individuals or organisations that work to further the interests of the tobacco, such as front groups and retailers.

For the purpose of these guidelines, it shall also include any organisations, entities, associations, individuals and others involved in e-cigarettes, as defined in the Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019.

b. "Tobacco Industry Interference" (TII) shall mean a broad array of tactics and strategies used directly or indirectly by the tobacco industry to interfere with the setting and implementation of public health policies with respect to tobacco control.

5. Interaction with Tobacco Industry

5.1 Officials and employees of Ministry of Health and Family Welfare, its Departments and all the autonomous institutions and Offices under its jurisdiction and to any person acting on their behalf shall interact with the tobacco industry only when and to the extent strictly necessary to enable them to effectively regulate, supervise or control the tobacco industry and their products.

5.2 When interactions with the tobacco industry are necessary, such shall be conducted transparently and in such a manner that precludes the creation of any perception or impression of a real or potential partnership or cooperation resulting from or on account of such interaction.

5.3 The guidelines to be observed when interacting with tobacco industry are set forth in details in Annexure.

6. Partnership and Contribution

6.1 Officials and employees of Ministry of Health and Family Welfare, its Departments and all the autonomous institutions and Offices under its jurisdiction and to any person acting on their behalf shall not directly or indirectly accept, support or endorse;

6.1.1 any potential or real partnerships and non-binding or non-enforceable agreements as well as any voluntary arrangement with the tobacco industry or any entity or front groups or person working to further its interests.

6.1.2 the tobacco industry organizing, promoting, participating in, or performing, youth, public education or any initiatives that are directly or indirectly related to tobacco control or their logo/brand name/trademark.

6.1.3 any position paper or policy instrument drafted by or in collaboration with tobacco industry or any organization acting as a front group of TI.

6.2 In case of any existing partnership, agreement or collaboration with the tobacco industry, should be discontinued within 30 days.

7. Conflict of Interest

7.1 Officials shall ensure that no person employed by the tobacco industry or any entity working to further its interests be a member of any government body, committee or advisory group that sets or implements tobacco control or public health policy.

7.2 The Department should not award contracts for carrying out any work related to setting and implementing public health policies with respect to tobacco control to candidates or tenderers who have conflict of interest with established tobacco control policies.

7.3 Officials and employees of Ministry of Health and Family Welfare, its Departments and all the autonomous institutions and Offices under its jurisdiction and to any person acting on their behalf shall not accept payments, gifts or services, monetary or in-kind, from the tobacco industry.

8. Reporting of Violation

If any violation is observed, the same may be brought to the notice through written communication addressed to Director (Tobacco Control), MoHFW.

ANNEXURE

Guidelines to be observed when interacting with tobacco industry

a. Any proposed interaction with the tobacco industry must be known to all officials concerned, and approved by competent authority not below the rank of Joint Secretary in case of Ministry of Health & Family Welfare, its Departments and Head of the autonomous institutions and Offices under its jurisdiction and to any person acting on their behalf.

b. The agenda of the proposed interaction shall be set in writing and at least a week in advance and should be approved by competent authority not below the rank of Joint Secretary in case of Ministry of Health & Family Welfare, its Departments and Head of the autonomous institutions and Offices under its jurisdiction and to any person acting on their behalf. Officials must strictly adhere to the agenda and structure of the interaction.

c. Before the meeting, it must be clarified that such interaction does not imply partnership, dialogue and collaboration and it must be indicated to the Tobacco Industry that they will not mischaracterise /misuse the nature of the meeting.

d. The participants in the interaction must be pre-determined, all the details including names and designation must be fully disclosed and recorded in the minutes of the interaction.

e. Officials must make the interaction brief, and shall at all times and strictly maintain their right to terminate the interaction at any point.

f. The interaction shall strictly be held at the premises of the Departments office. Any interaction outside the premises is strictly prohibited.

g. In all such meeting, the officials shall look out for the welfare of the public by prioritizing the importance of public health.

h. All interaction with the tobacco industry must be recorded / documented and official minutes must be prepared by the officials.

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[1] https://www.who.int/en/news-room/fact-sheets/detail/tobacco

[2] WHO Report on the Global Tobacco Epidemic, 2019. Geneva: World Health Organization; 2019.

[3] WHO Global Report: Mortality attributable to tobacco, 2012

[4] Ministry of Health and Family Welfare, Government of India. Global Adult Tobacco Survey GATS 2 India 2016-17

[5] https://www.who.int/fctc/en/

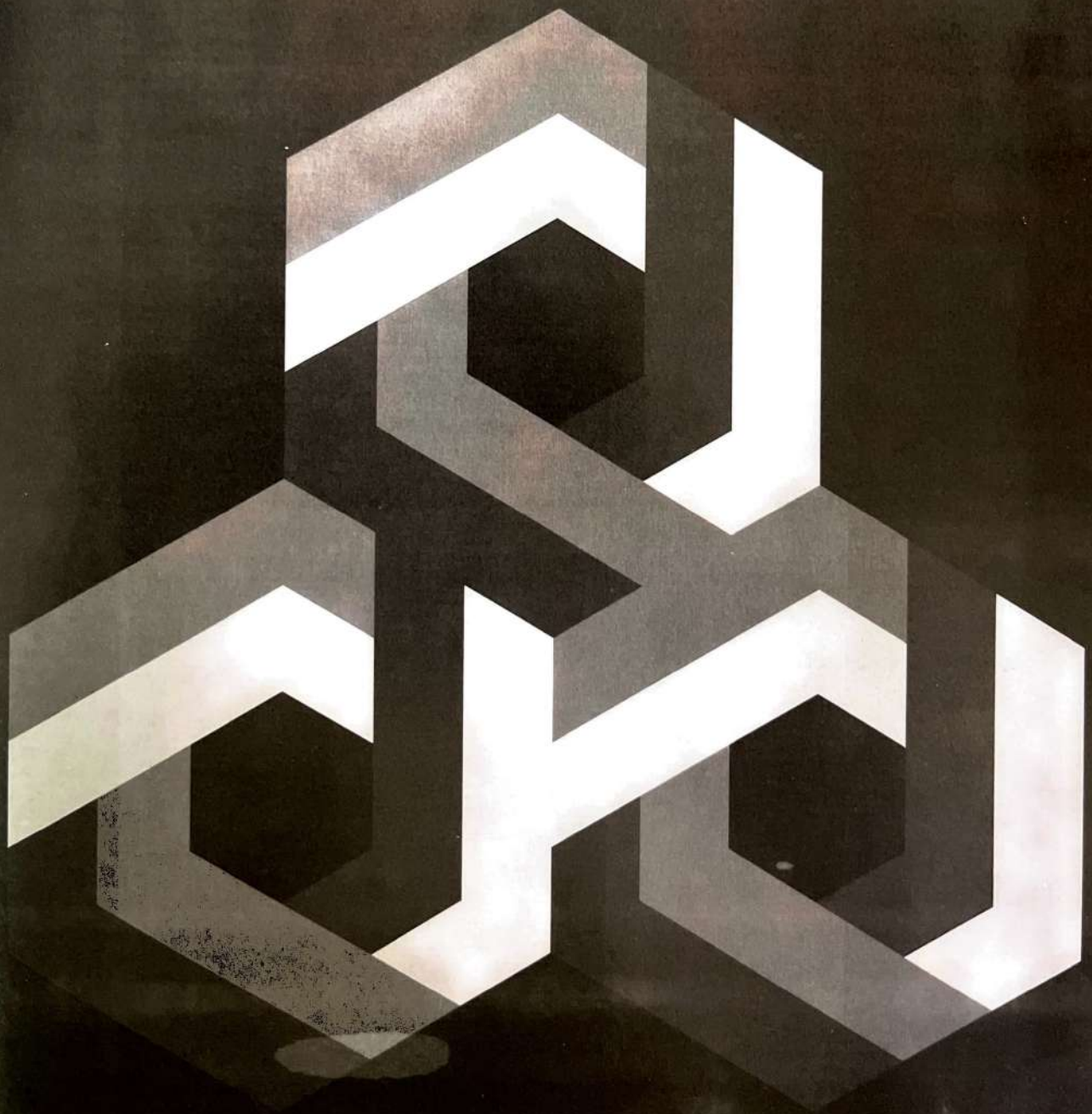
[6] https://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf?sequence=1

[7] https://apps.who.int/iris/bitstream/handle/10665/80510/9789241505185_eng.pdf;jsessionid=5BF8675B629266E42C08DB4DF71117FA?sequence=1

Ministry of Health
& Family Welfare
Government of India

STANDARD OPERATING PROCEDURES FOR VILLAGES TO BE TOBACCO FREE

STANDARD OPERATING PROCEDURES FOR VILLAGES TO BE TOBACCO FREE



जगत प्रकाश नड्डा
JAGAT PRAKASH NADDA

सत्यमेव जयते

मंत्री
स्वास्थ्य एवं परिवार कल्याण
व रसायन एवं उर्वरक
भारत सरकार
Minister
Health & Family Welfare
and Chemicals & Fertilizers
Government of India

MESSAGE

Tobacco use is one of the key risk factors common to the four main groups of NCDs-cardiovascular disease, cancer, chronic lung disease and diabetes-the health conditions that are responsible for two-thirds mortality in India. Tobacco use is very high in rural areas in India. According to the latest round of the Global Adult Tobacco Survey (GATS), around 38% of rural men and 14% of rural women in India use some form of tobacco. Families often spend a substantial portion of their income on tobacco products, exacerbating poverty and depriving them of essential resources for health, education, and nutrition.

In response, I am pleased to announce the release of the Standard Operating Procedures (SOPs) for Villages to be Tobacco Free. By focusing on awareness and prevention, these guidelines will empower villages to create environments that discourage tobacco use and promote healthier lifestyles.

I commend the National Tobacco Control Programme and experts involved in the development of these guidelines for their unwavering commitment to tobacco control.

It is my sincere hope that these guidelines will serve as a medium to popularize the concept of tobacco control in villages across the country, thus laying a foundation for tobacco free generation.

(Jagat Prakash Nadda)

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अपूर्व चन्द्रा, भा.प्र.से.
सचिव
APURVA CHANDRA, IAS
Secretary

सत्यमेव जयते

आज़ादी का अमृत महोत्सव

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

Message

Tobacco use is a major risk factor for a range of diseases, including cardiovascular diseases, respiratory diseases, various types of cancer and other health conditions. Tobacco related cancers constitute 33.3% of all cancers in India. 48.7% of cancers in males and 16.5% cancers in females are attributed to tobacco use. Tobacco-related diseases place a significant economic burden on the Indian healthcare system. The costs include not only medical treatment but also lost productivity due to illness and premature death. Exposure to secondhand smoke affects both smokers and non-smokers, contributing to respiratory problems and other health issues.

India has made significant strides over the past two decades to curb the prevalence of tobacco use. The Cigarettes and Other Tobacco Products Act (COTPA) was enacted in 2003 and India ratified the WHO Framework Convention on Tobacco Control (WHO-FCTC) in 2004. The National Tobacco Control Programme (NTCP) launched in 2007-08 provides a robust framework for implementing tobacco control laws and initiatives, focusing on community engagement, school programs, information, education, communication (IEC), and advocacy. The "Guidelines for Tobacco-Free Schools/Educational Institutions" were first released in 2008 and later revised in 2019. New initiatives include the Prohibition of Electronic Cigarettes Act 2019. The Ministry of Health and Family Welfare also launched the first Tobacco-Free Youth Campaign from May to July 2023 to raise awareness about the harmful effects of tobacco use among youth and rural communities.

The high prevalence of tobacco consumption, particularly in rural areas, underscores the need for targeted interventions at the village level. In our pursuit of a healthier and more vibrant community, we are pleased to introduce this Standard Operating Procedure (SOP) for Villages to be tobacco-free. This SOP is designed to provide clear and actionable guidelines for ensuring adherence to our tobacco-free policy. This initiative aims to foster healthier environments, reduce the burden of tobacco-related diseases, and set a precedent for other regions to follow. By discouraging tobacco use and encouraging users to quit, the initiative seeks to improve public health and enhance the overall quality of life and well-being of populations, especially in rural areas.

I hope this SOP will prove useful for the effective implementation of the National Tobacco Control Programme at the grass root level by health workers, who are the pillars of our healthcare delivery system.

Apurva Chandra

(Apurva Chandra)

Date : 18.09.2024
Place : New Delhi

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प्रो.(डॉ.) अतुल गोयल
Prof. (Dr.) Atul Goel
MD (Med.)
स्वास्थ्य सेवा महानिदेशक
DIRECTOR GENERAL OF HEALTH SERVICES

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
स्वास्थ्य सेवा महानिदेशालय
Government of India
Ministry of Health & Family Welfare
Directorate General of Health Services

MESSAGE

India is one of the leading consumer of tobacco and related products in the world, and tobacco use kills over 13.5 lakh Indians each year. Findings from the second Global Adult Tobacco Survey (GATS-2), 2016-17 suggest that 26.6 crore Indians aged 15 and above currently use tobacco in some form.

Tobacco use among rural communities is particularly concerning, with 32.5% of adults in these areas currently using tobacco. Khaini (13.5%) and bidi (9.3%) are the most prevalent tobacco products in these communities. This high prevalence of tobacco use poses significant health risks and socio-economic burdens. I believe that spreading awareness by way of these SOPs at the grassroot level will not only reduce the incidence of tobacco-related diseases but also promote healthier lifestyles and enhance the quality of life for these communities.

Acknowledging the need for targeted tobacco control interventions in rural communities, it gives me immense pleasure to present the Standard Operating Procedures (SOPs) for Villages to be Tobacco-Free. These guidelines aim to extend our tobacco control initiatives to all villages in India, fostering a healthier environment for all residents, and provide a comprehensive framework for the Ministry of Health and Family Welfare and Panchayati Raj Institutions to collectively work towards the vision of tobacco-free generation.

I extend my heartfelt gratitude to the National Tobacco Control Program and all technical experts who contributed to the development of these guidelines. I am confident that these guidelines will serve as a valuable resource in our collective endeavor to create a healthy ecosystem in the country.

(Atul Goel)

डॉ. एल. स्वास्तिचरण
Dr L. Swasticharan
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Director (EMR)

सत्यमेव जयते

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दिनांक / Dated 19/Sep/2024

Acknowledgement

Tobacco use is one of the major risk factors associated with Non-Communicable Diseases. To address the issue, the Government of India launched the National Tobacco Control Programme (NTCP) in 2007-08. One of the components of programme is to create awareness about the harmful effects of tobacco consumption. As part of this effort, SOP for Villages to be Tobacco Free is developed to percolate the message at the grassroot level.

This Standard Operating Procedure (SOPs) for Villages to be Tobacco Free has been developed under the esteemed leadership and guidance of Prof. (Dr) Atul Goel, The Director General of Health Services. I am deeply indebted to him for his wholehearted guidance and support in bringing out this SOP.

Special thanks to Dr. Rana J Singh, Dr.Praveen Sinha, Dr. Abhishek Khanna, Mr. Sanjay Seth, Dr. Gopal Chauhan, Dr S.N. Dholpuriya, Dr. Lana Lyngdoh Nongbri, Dr. Sushanta Kumar Swain, for their invaluable contributions. Special acknowledgement goes to Dr. Vedha V.P.K for her contributions to the layout and design of this SOP.

I also extend sincere appreciation to my team, including Dr. Poonam Meena Deputy Secretary, NTCP, Dr Avinash Sunthlia, DADG, NTCP and consultants Dr. Prachi Rathi, Dr. Ambika Narain, Ms. Mansi Singh and Ms. Shivani for their meticulous efforts.

We hope that this SOP will go a long way in contributing to raising awareness on the tobacco control efforts, ensuring a tobacco free life for all, thereby contributing to the idea of Tobacco free future generation.

Dr. L. Swasticharan
Addl.DDG & Director EMR

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18. **Ms. Mansi Singh,** Consultant NTCP
19. **Ms. Shivani,** Consultant NTCP

CONTENTS

1. INTRODUCTION

1.1 Tobacco burden in India

Tobacco use is the leading cause of preventable deaths and diseases worldwide, killing half of its users prematurely, often during their most productive years. Globally, tobacco claims the lives of 80 lakhs individuals each year. In India, an estimated 26.7 crore adults use tobacco, resulting in 13.5 lakh tobacco-related deaths annually. Tobacco harms nearly every organ in the body and is a major risk factor for cancer, cardiovascular diseases, diabetes, chronic lung disease, stroke, infertility, blindness, tuberculosis, and oral health issues.

According to the Global Adult Tobacco Survey (2016–2017), 28.6% (27 crore) of adults aged 15 years and above in India use tobacco, with 32.6% of users in urban areas and 47.6% in rural areas. The Global Youth Tobacco Survey (2019) reported that 8.5% of students in India aged 13 to 15 years use tobacco, with 5.2% in urban areas and 9.4% in rural areas. The median age of initiation is alarmingly low: 11.5 years for cigarettes, 10.5 years for bidi, and 9.9 years for smokeless tobacco, with some states reporting initiation as young as 7 years.

1.2 Harmful effects of tobacco

Tobacco use is a major risk factor for a range of diseases, including cardiovascular diseases, respiratory diseases, various types of cancer (lung, oral, throat, esophageal), and other health conditions. Tobacco related cancers constitute 33.3% (1/3rd) of all cancers in India. 48.7% of cancers in males and 16.5% cancers in females are attributed to tobacco use. Tobacco-related diseases place a significant economic burden on the Indian healthcare system. The costs include not only medical treatment but also lost productivity due to illness and premature death. Exposure to secondhand smoke affects both smokers and non-smokers, contributing to respiratory problems and other health issues.

2. INDIA'S EFFORTS IN TOBACCO CONTROL

India is a Global leader in Tobacco control activities and has made significant strides over the past two decades to curb the prevalence of tobacco use. The Cigarettes and Other Tobacco Products Act (COTPA) was enacted in 2003, and India ratified the WHO Framework Convention on Tobacco Control (WHO-FCTC) in 2004. The National Tobacco Control Programme (NTCP) launched in 2007-08 provides a robust framework for implementing tobacco control laws and initiatives, focusing on community engagement, school programs, information, education, communication (IEC), and advocacy. The "Guidelines for Tobacco free Schools/Educational Institutions" were released in 2008 and revised in 2019. New initiatives include the Prohibition of Electronic Cigarettes Act 2019, and extending TV and Film Rules, 2012 to OTT platforms in May 2023. The Ministry of Health and Family Welfare also launched the first edition of the Tobacco free Youth Campaign (TFYC) from May to July 2023 to raise awareness about the harmful effects of tobacco use among youth and rural communities.

3. NEED FOR VILLAGES TO BE TOBACCO FREE

With over 27 crore Indians using tobacco products, there is an urgent need to work towards a tobacco free generation. The concept of villages to be tobacco free would be a pivotal initiative in achieving this goal.

The high prevalence of tobacco consumption in rural areas (48%, GATS 2) underscores the need for targeted interventions at the village level. Villages are the backbone of India's social and cultural fabric, playing a vital role in shaping the sustainable future of India. Using a supportive supervision approach, this initiative aims to popularize the idea of "Tobacco use as a Taboo" within the communities at the grassroot level, foster healthier environments, reduce the burden of tobacco-related diseases, and aim for a healthier future in form of a tobacco free generation. By discouraging tobacco use and encouraging users to quit, this initiative seeks to improve public health and enhance the overall quality of life and well-being of rural populations.

This initiative aligns with the efforts of the Ministry of Panchayati Raj1 to localize Sustainable Development Goals at the grassroots level through multi-sectoral engagement, contributing to the goal of good health and well-being under the theme of a healthy village2. Few States have already developed their own guidelines and declared tobacco free villages. These guidelines seek to bring out a sense of uniformity across the nation. Thus, it is recommended to align these State guidelines with these SOPs issued by the Ministry of Health and Family Welfare, Government of India.

1. Resolution signed by Union Secretaries of 26 Departments & Ministries: https://www.panchayat.gov.in/documents/448457/0 /Resolution +signed+by+Union+Secretaries+of+26+Deptts.+%26+Ministries.pdf/ fa2b8584-0083-89ba-f388-dbab34693bfa?t=1651215241463
2. Joint Advisories for Healthy Village signed by signed by Union Secretaries of 7 Departments & Ministries: https://www.panchayat.gov.in /documents /448457/0/Theme+2+-+Healthy+Village.pdf/e40a09f5-50e7-df08-d990-5ee5e6e633d1?t=1650090955188

4. VILLAGES TO BE TOBACCO FREE

The following are the specific measures to be taken to make the village as tobacco free within a panchayat.

A Village Level Coordination Committee (VLCC) should be constituted under the Chairpersonship of Village Sarpanch/Head; other members should include schoolteacher, Village Panchayat Secretary, ANM, ASHA worker, Anganwadi worker, CHO and 2-3 members of the village panchayat. Alternatively, any existing committee like local Village Health, Sanitation and nutrition Committee (VHSNC) shall be made responsible.

The VLCC or the existing committee will be required to integrate tobacco control as an agenda within the framework of the Village Health Sanitation and Nutrition Committee (VHSNC) meetings. It is crucial that discussions on tobacco control be included in the agenda of VHSNC meetings at least twice a year. These discussions need to focus on strategies to reduce tobacco use, promote awareness about its health impacts and implement community-based interventions. The committee shall work towards creating a supportive/enabling environment for tobacco cessation and fostering community engagement in tobacco control initiatives.

Incorporate the agenda of Tobacco Control in the Gram Sabha meetings (frequently) for sensitization of key stakeholders of the village, that is, Gram Panchayat members, NGOs, SHGs, women, youths, farmers, general community, etc. The Gram panchayat should adopt the tobacco free village resolution (for all villages under the administrative control of the gram panchayat). The Gram panchayat must not permit any form of use of tobacco products in public places in the village. The Gram panchayat should ensure that all public events, festivals within the village should be Tobacco Free. This ensures that these gatherings are healthy and safe for all attendees, reinforcing the tobacco free message.

All prominent groups such as self-help groups, youth/mahila mandals (groups), NGOs, schools, women's groups, local committees, school management committees, religious groups should be tobacco free and take initiative to make the village tobacco free. Village tobacco control ambassador should be identified by the Gram Panchayat from the self-help groups/ youth mandals/NGOs/schools/women's groups/local communities/school management committees/religious groups. The ambassador should be identified from the village to ensure the role is embedded in local governance and community trust. The ambassador shall lead awareness campaigns on the harms of tobacco and the benefits of quitting, acting as a liaison between the community and health officials to implement control measures. They shall support individuals seeking to quit by providing information on the available cessation services and monitor for any violations of COTPA 2003.

The Gram panchayat should ensure that all nine indicators of the ToFEI are implemented and ensure full compliance of these indicators by the Educational Institutions. Tobacco products cannot be sold within 100 yards of educational institutions (schools and colleges).

The sale of tobacco products to anyone under the age of 18 to be forbidden. Kiosks or stalls selling tobacco should not be allowed on panchayat land or in any public places that are not being used for other purposes. Advertising tobacco products at points of sale and in public spaces to be banned.

Display "Tobacco free Area" signage (Annexure I) inside the villages at all prominent place(s), including key public spaces and bus stops. The signage should be in the local language and must include the name, designation, and contact number of the responsible authority. The signs can be either on boards or painted directly onto walls. Additionally, place "You are entering a Tobacco free Village" boards at all entry/approach roads to the village. These signs must also display the name, designation, and phone number of the Gram Panchayat Head or Sarpanch.

The Gram panchayats should also coordinate with the healthcare workers, that is, CHOs, ANMs, ASHAs, etc., to identify and help tobacco users and tobacco addicts to quit tobacco by encouraging them to avail the Quitline services and the tobacco cessation centers.

The Gram Panchayat should have a policy in not accepting any CSR related strategies or benefits sponsored by any firm or a subsidiary of a firm or a seller, which promotes the use of or manufactures or sells tobacco products in any form.

The Gram panchayats should undertake tobacco control activities from time to time. Some suggestive activities are placed as Annexure II.

5. EVALUATION PROCESS

a. The Gram Panchayat to use the Scorecard given in the Annexure II, to assess the status of implementation of the SOPs in the villages on a yearly basis and to get a certificate to this effect to those villages who score 80% and above marks. Once the Gram panchayat is satisfied that the village has achieved the benchmark score, the Gram panchayat can choose to apply for the certification of the Tobacco free Village from District Nodal Officer - NTCP.

b. Then evaluation shall be facilitated by District Nodal Officer- NTCP by a team at the block level comprising of one representative from Health, Police, Panchayati Raj, Education Officer, Woman and Child Development within one week of application of by the village sarpanch.

c. If the village is found to be compliant to the SOPs by the evaluation team, a Tobacco free Village Certificate (valid for one year) shall be awarded with the approval of the Block Development Officer (BDO).

To spread the message of tobacco control, it is recommended that the efforts of the declared tobacco free villages be acknowledged and appreciated at Block level/District level meetings/ State Level Meetings or any other appropriate forum. This acknowledgment will serve as motivation for the villages and as an inspiration for other villages to follow.

- Nodal Officer for overseeing the implementation of Tobacco free Village SoPs is the District Nodal Officer – NTCP, under guidance of the State Nodal Officer – NTCP with support from the Block Medical Officer, concerned PHC Medical Officer and CHO at Ayushman Aarogya Mandir (AAM).

- The DNO should ensure that the status and number of tobacco free villages are reported in the NTCP MIS portal and reflected at both the State and National levels.

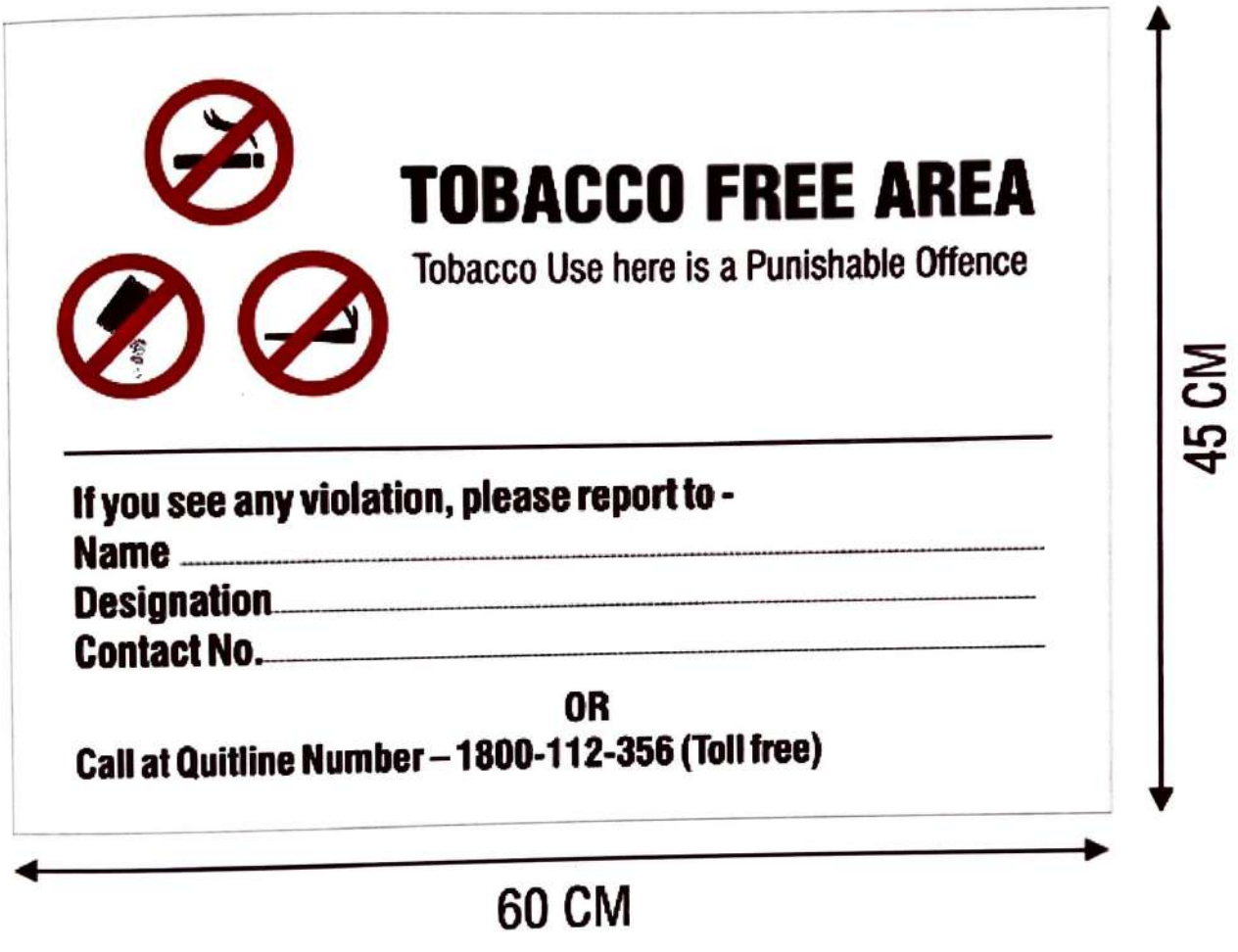
- The District Nodal Officer- NTCP has to hold regular online/offline meetings of Block level officials and Village Sarpanch/Head for popularizing these guidelines with support from Panchayati Raj department as well.

Sources:

1. Chatterjee N, Patil D, Kadam R, Fernandes G. The Tobacco free Village program: helping rural areas implement and achieve goals of tobacco control policies in India. Glob Health Sci Pract. 2017;5(3):476-485. https://doi.org/10.9745/GHSP-D-17-00064
2. Government of Karnataka, Department of Health & Family Welfare, Guidelines for tobacco free villages – An initiative of State Tobacco Control Cell Karnataka and The Union.

ANNEXURES

Annexure 1: Signage



Annexure 2: IEC activities in villages

- Involve all stakeholders like schoolteacher, Village Panchayat Secretary, CHOs, ANMs, ASHA workers, Village Health Sanitation and Nutrition Committee, Anganwadi workers to create awareness on ill effects of tobacco consumption and support the promotion of tobacco free villages.

- Support/conduct IEC/Media Campaigns using modern/traditional media - community awareness program, wall writing, informing village people on panchayat decision and mobilizing support for tobacco free village initiative.

- Awareness Campaigns: Miking, wall writing, Street Plays/Nukkad Natak, Baithak, Talk, Puppet Shows, Prabhat Pheri, Student rally, Public Announcement, etc., for galvanizing support for tobacco free village initiative.

- Support capacity building/Training of stakeholders - Gram Panchayat members and Community Based Organizations like Farmers Clubs, Mothers' groups, NYKS, Self Help Groups, Youth/Adolescent Club, etc., about health hazards of tobacco use, COTPA and PECA legislations.

Annexure 3: Score card for declaring a village to be tobacco free

(To be filled by Sarpanch/Head of the Gram Panchayat)

Name of the Village:

Name of the Gram Panchayat:

Name of the Sarpanch/Head:

Date of Evaluation:

Score of the Village:

Note: The Score is valid for 1 year from the date of evaluation

S. No.	Criteria	Maximum weightage points	Score secured by the Village
	For tobacco control activities in the village, Village Level Coordination Committee constituted under the Chairpersonship of Village Sarpanch/Head or his representative such as Mahila Mandal Pradhan; other members should include school teacher, Village Panchayat Secretary, ANM, ASHA worker, Anganwadi worker, CHO and 2-3 members of the village panchayat or the existing local Village Health, Sanitation and nutrition Committee (VHSNC)	10	
	Inclusion of Tobacco Control in the discussion/ agenda of VHSNC meetings or JAS meetings	10	
	Tobacco control included as a agenda item for discussion in Gram Sabha meetings to review all the villages and for sensitization of key stakeholders of the village, that is, Gram Panchayat members, NGOs, SHGs, women, youths, farmers, etc.,	10	
	Tobacco free village resolution passed by the Gram Panchayat (for all villages under the ambit of the Gram Panchayat)	10	
	Village Tobacco Control ambassador designated by the Sarpanch/Village Head	10	
	Organization of at least two tobacco control activity (Talk/Street Plays/Puppet Shows/Prabhat Pheri/ Student rally/Public Announcement/any other related IEC activity) every 6 months (minimum of 04 in a year) [Assistance to be taken from DNO-NTCP].	10	

	Display of IEC materials on harmful effects of tobacco/benefits of quitting/National Quitline services/Tobacco Cessation Centre in the prominent places of the Village., etc., (posters/ hoardings/wall writing, etc.,) (minimum of 05). The IEC material to be provided by DNO-NTCP or taken from NTCP website (Available at: https://ntcp.mohfw.gov.in/IEC)	20	
	Display of 'Tobacco free Area' (Annexure I) Signage inside the villages at all prominent place(s) (public places/ bus stops, etc.,) in local language only with mandatory display of name/designation/contact number (minimum of 03) Display of "You are entering a Tobacco free Village" board at all village entry/approach roads (minimum of 02)	20	
	The village must follow the following provisions:	10	
	a) No evidence of tobacco use in public places in the village (cigarette/beedi butts or discarded gutka/tobacco pouches, spitting spots)		
	b) No evidence of sale to minors under the age of 18 within the village. Display of **"sale of tobacco to minors (under 18 years) is prohibited and is punishable by law"** at the point of sale	10	
	c) No advertisement of tobacco products in point of sale and in public places	10	
	All Educational Institutions within the village must be ToFEI compliant	20	
Total score		**150**	