Index for Tobacco Control Sustainability at the Subnational Level in India

A Tool to Measure the Sustainability of the National Tobacco Control Programme

Report 2023
ITCS Assessments From 27 States and Union Territories of India

Vital Strategies

The Union — International Union Against Tuberculosis and Lung Disease

Acknowledgements

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Foreword

January 31, 2024

Dr Gan Quan
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There has been a decline in tobacco use trends globally; however, tobacco control requires constant and accelerated efforts with robust institutional frameworks, policies, and guidelines. One of the top priorities for global health under the UN Sustainable Development Goals (UNSDGs) is strengthening the WHO Framework Convention on Tobacco Control (FCTC) to achieve target 3.a of the SDGs. Since 2007, Vital Strategies has been working with countries to deliver evidence-based population-level campaigns and build local capacity to raise awareness about the harmful effects of tobacco use. We continue collaborating closely with all stakeholders and provide technical support at national and subnational levels to strengthen tobacco control.

I am delighted to introduce the Index of Tobacco Control Sustainability (ITCS) for subnational tobacco control in India. This comprehensive index comprising 24 indicators has been developed in consultation and collaboration with key stakeholders at the national and sub-national levels. The key findings from the subnational assessment across 27 states/Union territories of India highlight the presence or absence of key drivers critical for sustainable tobacco control. Assessments of tobacco control using contextual indices with country-specific needs at the subnational level will help meet the SDGs. As we work with India and Indonesia in undertaking these sustainability assessments, we hope that other countries with high tobacco use burdens will also consider adopting and adapting the tool and report to work on similar assessments.

I am hopeful that ITCS will act as a vital tool to guide future evidence-based and data-driven tobacco control strategies for a healthier, tobacco-free India. I congratulate all involved in developing, assessing, and disseminating this vital tool.

Key Messages

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FOREWORD

India has made significant strides in implementing evidence-based tobacco control policies to tackle the tobacco epidemic in the country. The Government of India (GoI) introduced the National Tobacco Control Programme (NTCP) in 2007-2008 with an aim to create awareness about the detrimental of tobacco use, decrease the production and supply of tobacco products; ensure effective implementation of COTPA, 2003, support tobacco users to quit, and facilitate implementation of World Health Organization-Framework Convention on Tobacco Control (WHO-FCTC) measures. The concerted efforts of the Ministry of Health, in collaboration with the states/Union Territories (UTs), have been a cornerstone of the NTCP in formulating and implementing effective tobacco control policies aimed at reducing the prevalence of tobacco use and saving lives from premature mortality and morbidity in the country. Through tireless efforts, we have seen states/UTs strengthen their capacities to implement and enforce tobacco control measures. This underscores the need to have a strong foundation of building blocks such as an institutional framework, resources, enforcement, policies, and guidelines, making the programme more robust and adaptable.

The subnational Index for Tobacco Control Sustainability, jointly developed by the Union South-East Asia (USEA) and Vital Strategies, is a commendable effort to assist the states/UTs in identifying the presence or absence of these critical building blocks to achieve sustainable tobacco control. The assessment findings using this index from 27 states/UTs would support and guide the states in identifying and addressing the key lacunae to strengthen the NTCP further.

I congratulate the USEA, Vital Strategies and all stakeholders for undertaking this initiative of the subnational index development and assessment process and providing the scores and feedback to the states/UTs. I encourage the states/UTs to consider this subnational index as a useful tool in strategizing the programme implementation at the subnational level to make the tobacco control more sustainable.

I, like all other stakeholders, hope and look forward to a Tobacco-Free India in which this exercise can play a significant role

Dr Prakash Chandra Gupta   January 31, 2024
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Date: 30.01.2024

India's journey and commitment to tobacco control have been remarkable during the last decade. With a dedicated national tobacco control program, implementation of tobacco control has reached across all states to the district level. India has an efficient reporting and monitoring mechanism for NTCP, which has been functional since 2021.

Sustainability is critical for a program's continued achievements and population-level outcomes. Population-level interventions like Tobacco control require a long-term commitment for visible and sustained outcomes. Therefore, understanding the sustainability of tobacco control shall aid in learning at global and national levels and further be a guide for assessing the efforts from time to time.

The current report addresses a very critical dimension of tobacco control, i.e., the sustainability of tobacco control efforts in India at the subnational level. I appreciate the efforts by The Union South-East Asia and Vital Strategies, all experts, State Governments and partners for developing and implementing a subnational index for tobacco control sustainability and compilation of a comprehensive report, which shall serve as a guiding document to identify key drivers of tobacco control sustainability in India.

(Prof. Yogesh Pratap Singh)

आई सी एम आर- राष्ट्रीय कैंसर रोकथाम एवं अनुसंधान संस्थान
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Department of Health Research
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Date: 30.01.2024

Message

India has been a global forerunner when it comes to countering emerging tobacco products and strengthening existing policies to tackle novel challenges in implementation and regulation. Consequently, the prevalence of tobacco use in India has declined from GATS 1 (2009-10) to GATS 2 (2016-17). Currently, tobacco control in India is implemented through the National Tobacco Control Programme across all States/ UTs. As health is a state subject, tobacco control efforts and progress vary across states. Tobacco control has multiple dimensions and thus requires periodic assessment at national and subnational levels to ascertain the progress of tobacco control efforts.

I congratulate The Union and Vital Strategies for taking the lead in developing the subnational index for tobacco control sustainability in India in a scientific manner, which provides directions for its subsequent implementation across the States/ Union Territories. The report provides key insights into tobacco control measures at the subnational level, which shall enable the evaluation of tobacco control efforts of the states in an objective manner.

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Tobacco use continues to be a pervasive public health challenge, with its impact extending far beyond individual health concerns. In India, the collective efforts of various stakeholders, including the government and non-governmental entities, have been directed towards curbing the menace of tobacco consumption. The National Tobacco Control Programme (NTCP) of the Government of India serves as a pivotal initiative in this regard, aiming to create a tobacco-free environment and protect our youth from the detrimental effects of tobacco use.

The establishment of institutional structures and having tobacco control policies in place is a prerequisite to the effective implementation of NTCP and eventually being sustainable at the subnational level. The Index for Tobacco Control Sustainability developed by The Union South-East Asia and Vital Strategies serves as a valuable tool to identify the gaps in these institutional structures, develop an action plan, and prioritize evidence-based interventions to make tobacco control sustainable at the sub-national level. Recognising the diverse tobacco control landscape at the subnational level, the index incorporates customised indicators that comprehensively assess the presence or absence of various of tobacco control measures under the NTCP. The current report highlights the findings from 27 States/Union Territories (UTs) across India. It provides insights on key areas for improvement and recalibration of tobacco control strategies at the subnational level.

Once again, I congratulate USEA and Vital Strategies and the collaborative spirit of all those involved in developing and implementing this index.

(Dr. Madhabananda Kar)

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एम.एन.एएम.एस., एफ.आई.एम.एस.ए

January 30, 2024

Message

Recognizing the significance of sustainability in achieving success in various public health interventions especially on population-level outcomes, it becomes paramount to understand it from the perspective of tobacco control, which is a leading public health problem across the globe. Understanding the sustainability of tobacco control efforts becomes overriding to facilitate global and national cross-learning and provide a framework for periodic assessment of work being undertaken by implementers at sub-national level. India has demonstrated a remarkable commitment to tobacco control, marked by the implementation of a dedicated National Tobacco Control Programme (NTCP) that extends its reach to the district level and beyond.

I am pleased to know that the current report has focused on a critical aspect of tobacco control—the sustainability of efforts—specifically at the subnational level in India. The efforts made by The Union and Vital Strategies in developing and implementing the subnational index for tobacco control sustainability is praiseworthy. The subnational index comprises 24 indicators under six themes, i.e., legislation-policy guidelines, institutional framework, capacity building, implementation, cessation, and resources that comprehensively assess the presence or absence of various tobacco control measures under the NTCP. The report presents the findings for 27 States/Union Territories (UTs) across India. It serves as a valuable tool for identifying key gaps, developing an action plan, and prioritizing evidence-based interventions to make tobacco control sustainable at the sub-national level. I heartedly appreciate the work of the implementing agencies involved in development of the report along with their key partners. I hope that the work being undertaken shall go a long way in ensuring sustainability of key interventions in tobacco control for paving ahead towards 'Tobacco-Free India'.

(Sonu Goel)

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31st Jan 2024   **IPH/23-24/E/383**

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India has made significant progress in implementing evidence-based tobacco control policies, including the national tobacco control law, i.e., the Cigarettes and Other Tobacco Products Act in 2003 and a comprehensive National Tobacco Control Programme (NTCP) in 2007. The National Tobacco Control Programme of the Ministry of Health & Family Welfare (MoHFW), Government of India (GoI), is a testament to the commitment of the Indian government to combat the tobacco epidemic. Several state governments have also taken additional tobacco control measures to save lives from preventable diseases and deaths. Effective implementation of these regulatory and programmatic measures is crucial. This makes monitoring, evaluation, progress review, and reporting an essential part of the success of the programme and to see whether tobacco control initiatives can be sustained. The Index of Tobacco Control Sustainability (ITCS) is one such tool to assess and guide national tobacco control programmes to become sustainable.

I appreciate the USEA, Vital Strategies and all stakeholders for undertaking this initiative of the subnational index development and assessment process and providing the scores and feedback to 27 states/Union Territories (UTs). This will help the states/UTs maneuver the programme implementation at the subnational level to make the tobacco control programme more sustainable. In addition, I would like to reiterate the importance of collaboration, data-driven decision-making, and regular monitoring and evaluation to assess the impact of interventions, ensuring that policies are effective and adaptable to changing circumstances to achieve sustainable tobacco control in India.

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January 30, 2024

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India's adoption of a dedicated National Tobacco Control Programme (NTCP) that reaches all the way down to the grassroots demonstrates the country's remarkable commitment to tobacco control. It is imperative to understand that the sustainability of tobacco control initiatives is important to promote cross-national and national learning and offer a framework for the regular evaluation of the work. The Index is definitely a commendable addition to the uniform evaluation of implementation processes in tobacco control.

My heartiest congratulations and appreciation to The Union South-East Asia (USEA), Vital Strategies, and all stakeholders involved in the development of the subnational index and assessment at the subnational level. This report has set the benchmark to assess the further progress India shall be making hereafter at the sub-national level. Besides quantification, integration of the indices to get informed on the quality of implementation will add to its overall utility value. I eagerly look forward to its next edition.

Preface

With more than 28% of its adult population using tobacco in some form, India is home to about 270 million adult tobacco users (GATS 2016-17). Further, 8.5% of youth between the age of 13-15 years use tobacco in some form. The colossal health, economic and social burden of tobacco use results in more than 1.3 million deaths, an economic burden of USD 27.5 billion, and impoverishment of more than 15 million in the country. It is to address this massive burden of tobacco use that the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) has made significant strides in adopting and implementing evidence-based tobacco control policies, including the national tobacco control law, i.e. Cigarettes and Other Tobacco Products Act in 2003 and a comprehensive National Tobacco Control Programme (NTCP) in 2007.

We see considerable progress in tobacco control in the country as we reflect on 17 years of the national programme. What began with just 09 states and 18 districts has now expanded into a nationwide programme spanning across all 36 states/union territories and covering more than 740 districts of the country. However, any law or programme is only as effective as it is implemented. This makes monitoring, evaluation, progress review, and reporting essential to the programme's success. Early monitoring under NTCP was not regular, and review was limited with sporadic meetings and physical hard copies of quarterly reports. With technological advancements and leadership of the Ministry of Health & Family Welfare in advancing the tobacco control programme, NTCP transitioned to an online Management Information System (MIS), streamlining the progress review and monitoring process.

Monitoring and evaluation are paramount in public health programmes, as they give an opportunity to identify gaps, develop strategies for improvement, make evidence-based decisions and help authorities allocate resources efficiently. The International Union Against Tuberculosis and Lung Disease (The Union) developed the first Global Index for Tobacco Control Sustainability (ITCS) in 2016 and assessed 24 countries globally. During the following ITCS assessment for India in 2021, all stakeholders emphasised having a subnational assessment highlighting the crucial role of foundational building blocks and pillars essential for the institutional sustainability of tobacco control in the country.

Thus, we embraced the idea of a subnational ITCS for India, which led to a subnational index for tobacco control sustainability- its development, validation, and implementation. A robust scientific method comprised of literature review, consultation with stakeholders, technical inputs from experts, two rounds of Delphi, multiple iterations, and improvisations was followed. Finally, the subnational index included 24 indicators with a total weighted score of 130, reflecting the conventional as well as emerging facets of tobacco control. With the constant guidance and support from MoHFW, State Tobacco Control Cells and other government and non-government stakeholders and partner organisations, we successfully completed the assessment of 27 states/UTs. This subnational ITCS has highlighted the collective accomplishments of stakeholders and informed key areas for state and district-level improvement to further strengthen tobacco control. While the index provides a robust score for each state/UT on the six thematic areas (legislation-policy-guidelines, institutional framework, capacity building, implementation, cessation, and resources), it does not assess the quality or effectiveness of any intervention, policy or guideline. While we take pride in the accomplishments of the

National Tobacco Control Programme, we acknowledge that challenges persist on the path to sustainable tobacco control in different areas for different states and UTs.

This report serves not only as a reflection on the subnational progress in tobacco control in India but also as a valuable tool for other countries to assess their progress in implementing tobacco control policies and programmes. We believe our experience will inspire other nations to undertake similar assessments and adopt effective strategies tailored to their unique settings. As we present this report, we express our gratitude to MoHFW, the technical expert group, state partners, the leadership and colleagues of The Union & Vital Strategies, and all those who have been part of this process. We remain steadfast in our commitment to creating a healthier, tobacco-free future for our nation and beyond.

Executive Summary

India has taken the lead in enforcing policies and initiatives for tobacco control, aiming to safeguard public health. To ensure the success of tobacco control measures, consistent and ongoing efforts are required over time. The sustainability of tobacco control efforts is pivotal for moving toward a tobacco-free trajectory for the country. This necessitates having institutional structures in place, continual monitoring, strategic resource allocation and utilisation, and the implementation of innovative strategies to counter the challenges posed by the tobacco industry. The objective of the current exercise was to develop an index and assess the sustainability of tobacco control at the subnational level in India.

The Union South-East Asia (USEA) and Vital Strategies reviewed the literature to develop a comprehensive Index for Assessing Tobacco Control Sustainability (ITCS) at the subnational level in India. This index broadly encompasses six themes, i.e., legislation/policy/guidelines, institutional framework, capacity building, implementation, cessation, and resources. Under these six themes, a total of 24 indicators were developed after a series of iterations. These were further shared with experts under two rounds of Delphi wherein the experts categorised these indicators as very critical/critical/important. Weighted scores were allocated to each indicator (maximum nine and minimum one), making it a total of 130. Further, these weighted scores were finalised through two consultative processes with experts and stakeholders. Any disagreement during the first consultative process was taken up during the subsequent round.

A total of 27 states and union territories (UTs) were assessed using the final indicators and scores for this report. A focus group discussion (FGD) comprising varied stakeholders (approximately eight to 12 participants) from state and district tobacco control cells, tobacco cessation centres, civil society, research, academia, and other departments such as police, education, etc., was conducted where consensus from the group was ascertained on the presence and absence of each indicator. The assessment was undertaken based on the progress and performance under the National Tobacco Control Programme in the year 2022–2023 (April 2022 to March 2023).

The institutionalisation of tobacco control was reported to be present in 26 states and UTs. However, the State Level Coordination Committee (SLCC) meeting was reported to be conducted only in 5 out of 27 states and UTs that were assessed. Further, the institutionalisation of tobacco control in 90% or more districts in the state was reported to be present in 24 states and UTs, and the District Level Coordination Committee (DLCC) meeting was conducted by more than 75% of districts of 18 states assessed at least two times in 2022–23. The institutionalisation of COTPA enforcement was reported to be present in 25 states and UTs. Only 12 states reported the presence of a state-level coalition for tobacco control. Among the assessment states, 14 states and UTs reported having comprehensive policy guidelines on WHO–FCTC Article 5.3, while seven states reported having a state-level policy/order on Tobacco Vendor Licensing. Ban on either sale of loose cigarettes/smokeless tobacco/gutkha and other tobacco products was reported by 22 states and UTs during the assessment. COTPA Amendment at the state level was reported only by five states, while 15 states and UTs reported inclusion of a module on tobacco control in the state education curriculum. Two-thirds of capacity building trainings were reported by 15 states and UTs for the year 2022–23, and for the same year, 19 states and UTs reported a budget utilisation of 75% or above. Interestingly, nine states and UTs reported allocating and spending an additional state budget for tobacco control. A total of 19

states reported the presence of a functional tobacco cessation centre in at least 80% of the districts in their state, and 13 states reported the presence of community cessation services.

The current assessment is a first-of-its-kind exercise and could be used as a baseline status for future evaluations of the National Tobacco Control Programme in India. It highlights the key areas that require more convergence and efforts to advance sustainable tobacco control at the subnational level. Further, efficient and judicious use of resources, including funds, staff, and infrastructure, is ensured by sustainable tobacco control strategies, which could help in realising and achieving the set targets under the Sustainable Development Goals (SDGs) by the respective states and the country.

List of abbreviations

COTPA: Cigarette and Other Tobacco Products Act (prohibition of advertisement and regulation of trade and commerce, production, supply and distribution)

IEC: Information, Education and Communication

DLCC: District Level Coordination Committee

DTCC: District Tobacco Control Cell

FCTC: Framework Convention on Tobacco Control

FGD: Focus Group Discussion

NCD: Non-Communicable Disease

NOHP: National Oral Health Programme

NP-NCD: National Programme for Prevention & Control Non-Communicable Diseases

NTCP: National Tobacco Control Programme

NTEP: National TB Elimination Programme

SDG: Sustainable Development Goals

SLCC: State-Level Coordination Committee

SLT: Smokeless Tobacco

STCC: State Tobacco Control Cell

TCC: Tobacco Cessation Centre

ToFEI: Tobacco-Free Educational Institution

TVL: Tobacco Vendor Licensing

USEA: Union Southeast Asia

UT: Union Territory

WHO: World Health Organization

SECTION ONE:
Background

Introduction

Sustainable tobacco control practices ensure efficient, effective, and equitable use of resources such as financing, personnel, and infrastructure while maximising the effectiveness of tobacco prevention initiatives and saving lives. Furthermore, effective tobacco control strategies can aid in reducing the adverse health effects of tobacco use in the country, especially among underprivileged and marginalised groups. Besides, tobacco production/consumption has significant environmental impacts, including deforestation, pesticide use, and non-biodegradable waste generation. Sustainable tobacco control strategies can help reduce tobacco's detrimental environmental effects and advance sustainable development. Overall, obtaining long-term, equitable, and successful solutions to the worldwide tobacco epidemic depends on sustainability in tobacco control initiatives.

Tobacco control sustainability refers to an institutional mechanism that continues to function regardless of changes in government, programme leadership, or programme personnel. The assessment of tobacco control sustainability at the subnational level would provide a snapshot in time of the status of tobacco control in each state. A periodic assessment could further show the development of tobacco control over a period. It could also guide the implementers and policymakers in identifying key programmatic areas that require more attention, developing specific interventions to attain sustainability in such identified areas, and ranking the performance and progress of states and union territories (UTs) as sustainable, progressing, or suboptimal on tobacco control sustainability. The objective of the current exercise was to develop an index and assess the sustainability of tobacco control at the subnational level in India.

National Tobacco Control Programme (NTCP), India, was established in 2007–08 to facilitate the effective implementation of tobacco control policies at national, state, and district levels with quarterly reporting of progress and performance from district to state and from state to national cell. This reporting under NTCP is monitored via an integrated Management Information System (MIS) 2021–22, which captures the tobacco control activities every quarter. An assessment of sustainability is intended to identify the key indicators for sustained tobacco control in India and further rank the states and UTs to establish a baseline that will ultimately form a platform for effective monitoring and periodic evaluation of the NTCP via MIS.

This current ITCS at the subnational level measures the presence or absence of key institutional mechanisms, structures, policies, guidelines, reporting mechanisms, and resources critical to tobacco control sustainability at the district and state levels. It also identifies the overall level of sustainability of the NTCP at the state level. However, it does not indicate the quality or assess the effectiveness of the structures, policies, and resources.

The findings from the assessment would support and guide the stakeholders in the NTCP (including all government departments and nongovernmental stakeholders) in identifying key

focus areas that require more attention and developing tobacco control interventions to attain sustainability. It would also help the STCCs and DTCCs to take effective measures for further strengthening tobacco control when they are assessed as 'progressing' and take concrete institutional efforts for programme improvement when assessed as 'suboptimal' to ensure and maintain sustainable tobacco control for the larger social, health, and economic benefits of the general population.

SECTION TWO:
Methodology

Methodology

This study was conducted in two phases. During the first phase, a comprehensive index consisting of various indicators for assessing sustainability at the subnational level was developed. In the second phase, the developed index was used to assess the tobacco control progress and sustainability in states and UTs and scored for various indicators.

Phase 1: Development Phase[1]

1.1 Review of literature: An extensive literature review was undertaken to determine potential indicators for the subnational level index. The global Index for Tobacco Control Sustainability (ITCS) was used as a reference document for guiding the subnational level indicators. (ref: Jackson-Morris, A., & Latif, E. (2016). The draft indicators were developed based on the public health and tobacco control landscape in the various states and UTs and in line with the national laws, policies, regulations, and guidelines for tobacco control, particularly the operational guidelines for the effective implementation of the National Tobacco Control Programme (NTCP), Government of India.

1.2 Consultations for developing provisional indicators: Two meetings took place at the USEA office to brainstorm and shortlist the major themes and respective indicators under the identified domains. Emphasis was laid on the various contextual factors of states and UTs of India during development of these indicators. After several iterations followed by consultations, the first prototype of the index, which consisted of 24 indicators, was developed. A total of six themes emerged, and the 24 indicators were categorised into these themes. These included institutional framework, capacity building, implementation, cessation, resources, and legislation/policy guidelines.

1.3 Delphi Round(s): A group of experts was gathered, representing academia and research, policy, civil society, state health systems, and leading public health organisations working in tobacco control at the national and subnational level. These experts were apprised of the objectives of the index development and invited to participate in the Delphi round(s). Each subgroup consisted of seven or eight experts. Each invited expert was sent the index and asked to score each item, based upon their understanding, as one of the following: very critical, critical, or important. After receiving responses from the experts, researchers at the Tobacco Control Department in USEA collated the scores for each item as assigned by each expert. Thereafter, the items that did not have consensus were floated in the next
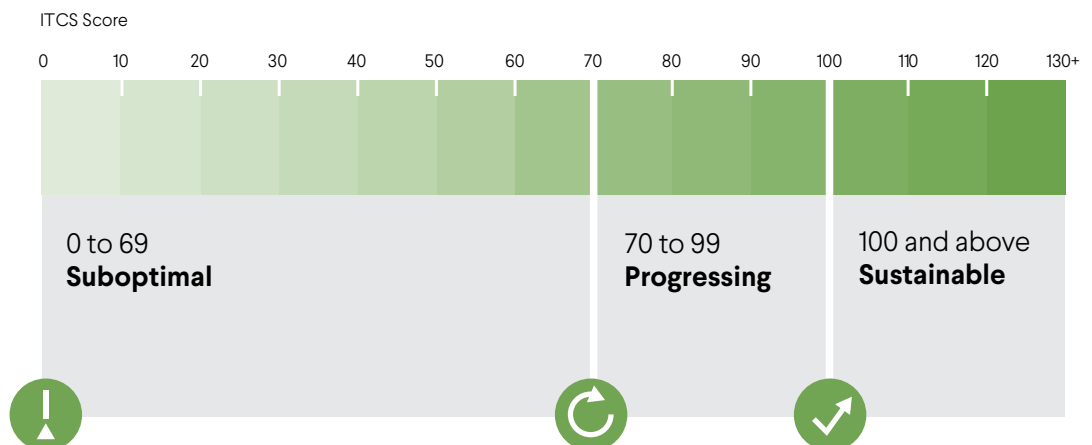
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1   Index of Tobacco Control Sustainability (ITCS) and Jackson-Morris A, Latif E. Index of tobacco control sustainability (ITCS): a tool to measure the sustainability of national tobacco control programmes. Tobacco Control. 2017 Mar 1;26(2):217-25.).

round of Delphi. The experts' suggestions were incorporated into the prototype index. Weighted scores were allocated to each indicator by the researchers at Tobacco Control Department in USEA based on the analysis. The indicators that received scoring of 'very critical' from the experts were put in the bracket of [7 to 9], those scored 'critical' were put into [4 to 6], and 'important' into [3 to 1].

1.4 **Assignment of scores:** This process was carried out under two online consultations. An additional objective of these meetings was to eliminate any bias in the assigned weighted score. The first online consultation with the experts and participants from the Delphi rounds was conducted to discuss and develop a consensus on the weighted score for each indicator. Each indicator and the analysed score were displayed and shared with the participants. Inputs and consensus were sought on the score of each indicator, and the index was updated. The updated index was shared with the experts during the second online consultation, and any disagreement during the first round was also shared during the second consultation. The weighted scores were finalised for each indicator, and a total score of 132 for 25 indicators* was closed, with a maximum score of 9 and a minimum score of 1.

*Due to inconsistency in the applicability of indicator 23 on sustainable alternative crops (weighted score: 02) reported during assessment at the subnational level in FGDs, this indicator was dropped from the final analysis. Hence, the current results report the presence/absence of 24 indicators with a total score of 130.

1.5 **Threshold setting:** The interim analysis was a pivotal step in the assessment process, allowing for an in-depth examination of scores obtained from the first half of the selected states (13 states and UTs). The analysis offered valuable insights into performance trends, potential variations, and overall consistency of assessment results. Based on these insights, researchers at the Tobacco Control Department in USEA developed draft thresholds to establish benchmarks for performance levels. These thresholds help stakeholders interpret assessment scores effectively. Recognising the importance of external validation and expert input, the draft thresholds were shared and discussed with a panel of technical experts through a consultative process. Feeding into the iterative process, the feedback from the experts received during the consultative process was integrated into the threshold categories, and these were set as follows:

ITCS Score

| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | 110 | 120 | 130+ |

0 to 69
Suboptimal

70 to 99
Progressing

100 and above
Sustainable

Operational definitions used for categories:

1. **Suboptimal on sustainability:** This category includes the states and UTs that scored between 0 to 69. The score under this category indicates that the tobacco control efforts and initiatives in the states and UTs need significant improvements in implementing NTCP and require further efforts to establish the institutional framework and policies that will create tobacco control sustainability.

2. **Progressing on sustainability:** This category includes the states and UTs that scored between 70 to 99. The score under this category indicates that the tobacco control efforts and initiatives in the states and UTs are noteworthy and have adopted tobacco control policies and institutional framework. However, having established these elementary building blocks, the states and UTs must ensure their functionality and scale up effective tobacco control policies at the subnational level to improve their sustainability score further.

3. **Sustainable in tobacco control [100 and above]:** The states and UTs that scored 100 and above were categorised as sustainable in tobacco control, indicating exemplary achievements in implementing NTCP and comprehensive tobacco control policies. However, a state/UT with a higher score may still have gaps in its policies and institutional framework.

Phase 2: Implementation

Study design: Qualitative

Technique used: Focus Group Discussion (FGD)

(A) Planning the FGD
- The FGD required a moderator and a notetaker. It was ensured that at least one among the moderator and notetaker could speak the local language fluently, and always ran through the indicators beforehand to make sure that they had a comprehensive understanding of each indicator.

(B) Setting up the group:
- An appropriate venue to conduct the FGD, which was convenient for all participants, was identified. It was ensured that there was representation from each of the stakeholder categories mentioned below.

- Everyone was seated at the same level and could see the other participants.

(C) At the beginning:
- The moderator introduced themselves and explained the purpose and duration of the FGD and allowed the participants to introduce themselves.

- The moderator requested participants' consent to participate and permission to take notes.

- The moderator clearly explained that the confidentiality and privacy of all participants shall be maintained, and their responses shall not be identified by their names or designations.

- Tthe moderator shared a few ground rules in the beginning, such as that everyone has a right to speak, not interrupt one another, and that anything shared during the FGD should be kept confidential.

(D) When asking questions:
- The moderator reiterated that the current assessment was being undertaken for the previous fiscal year, 2022–23.

- The moderator ensured that the questions were framed in a way that elicited relevant answers and discussion during the FGD and did not rush to ask and seek consensus on the indicators.

- The moderator encouraged everyone to speak. If someone was not talking, the moderator asked for that person's opinion; if someone was talking too much, the moderator asked what the rest of the group thought.

- The moderator ensured that discussion remained focused and relevant to the indicators throughout the FGD. In addition, the group's consensus (presence or absence of an indicator) was necessary for each indicator.

- If an indicator was present, it was given a score; if the indicator was absent, it was scored zero. The overall score of the state/UT was the total of scores provided for each indicator.

- At the end:

  › The moderator asked participants if they had any questions.

  › Thereafter, the moderator explained the next steps that would be followed after the assessment exercise, which included submission of data to the USEA office, data analysis, and report writing.

  › The moderator thanked everyone for their time.

(E) After the FGD
- The moderator and notetaker reviewed the notes and the assessment form, added any additional details so they are not forgotten, and ensured that no indicator was omitted.

- The moderator and notetaker ensured that all consent forms were signed by the participants and that the assessment form was complete. They shared the forms along with the supporting documents and feedback with the USEA team.

FGD Settings:

The FGD was conducted in each identified state/UT. A day and time for the FGD had been previously sought from the focus group. FGDs were facilitated by the identified and trained moderator from among a team of trained researchers from the local partner organisation and a researcher from USEA.

Process: The trained moderator facilitated the discussion, went through each indicator with the group one by one for the state, and sought consensus from the group on the presence or absence of the indicator. The assessment was undertaken for the previous financial year (April 2022 to March 2023). The notetaker maintained notes wherever necessary. Photographs were taken, and a recording of the FGD was done for records and review if required. These records are available to the principal investigator.

Focus group: The FGD in each state/UT comprised eight to 14 participants.

- State NTCP staff (State Nodal Officer/former State Nodal Officer (as applicable) and all state consultants in that state)

- One or two District Nodal Officers/consultants from districts

- Two to four members from civil society organisations/state partner

- One or two research institutions working in tobacco control (if any)

- One or two staff from Tobacco Cessation Centres in the state (if any)

- Two to three members from other departments (e.g. Education, Police, Urban Development, etc.)

Exclusion criteria: Other than those mentioned above.

Duration: 60–90 minutes.

Before the FGD:
- It was requested that the participants carry any government orders, letters, circulars, documents, notifications, or any document related to their state (as required in the indicators) to support the presence or absence of indicators with evidence.

- Permission was sought from the State Tobacco Control Cell, and a convenient time was sought from all participants. Thereafter, the date, timings, and venue were communicated to all FGD participants.

Ethical Approval: Approval for this assessment was granted by the Ethics Advisory Group (EAG) of The Union with EAG number: 16/2023.

Operational Definitions and Explanations

9 points

Indicator 1:
Institutionalisation of tobacco control at the state level

Operational definition: A dedicated State Tobacco Control Cell (STCC), State Nodal Officer (SNO)/in-charge and a State Level Coordination Committee (SLCC) are present.

Why this Indicator: Institutionalising tobacco control is a mandate of the NTCP, which calls for creating a sustainable structure that can continue to function regardless of changes in government or leadership. With a clear institutional mechanism, the state may develop and implement long-term plans and strategies for advancing tobacco control.

Explanations and illustrations: For the ITCS, the indicator of institutionalisation of tobacco control at the state level is considered as having an STCC headed by a designated SNO (responsible for the overall planning, implementation, monitoring, and documentation of the different activities, capacity building, recruitment of staff at state/district level, and sending timely activity and financial reports to NTCC); and an SLCC (responsible for the overall implementation of NTCP and COTPA) as per the latest NTCP operational guidelines.

9 points

Indicator 2:
Institutionalisation of tobacco control at the district level

Operational definition: There is a District Tobacco Control Cell (DTCC) in 90% or more districts in the state with a District Nodal Officer (DNO) in charge and a District Level Coordination Committee (DLCC) present.

Why this Indicator: Institutionalising tobacco control at the district level can help tailor interventions to the context and specific needs of local communities and facilitate effective implementation at the grassroots level. DTCCs have better access to local networks, resources, and information to implement and promote long-term tobacco control efforts.

Explanations and illustrations: For the ITCS, the indicator of institutionalisation of tobacco control at the district level is understood as having a DTCC with a designated DNO as head of the DTCC (focal point for all the activities carried out under the NTCP at the district and subdistrict levels, including overall planning, implementation, and monitoring of different activities; training of key stakeholders; information, education and communication (IEC) activities; and school programmes) and a DLCC (responsible for the overall implementation of NTCP and COTPA in the district) as per latest operational guidelines of NTCP.

9 points

Indicator 3:
Functional District Level Coordination Committee (DLCC) chaired by District Collector or his nominee

Operational definition: The District Level Coordination Committee meeting was conducted by more than 75% of districts within the state at least <u>two</u> times in the previous fiscal year (2022–23).

Why this Indicator: District Level Coordination Committee (DLCC) is responsible for reviewing and guiding the implementation of the National Tobacco Control Programme and COTPA in a particular district as per the NTCP operational guidelines.

Explanations and illustrations: As per the NTCP guidelines, DLCC should meet every quarter to review the progress of the tobacco control work. However, for this assessment, a minimum of two or more DLCC meetings conducted by more than 5% of districts within the state in the previous fiscal year is considered a functional indicator.

9 points

Indicator 4:
Functional State Level Coordination Committee (SLCC)

Operational definition: The State Level Coordination Committee meeting was conducted at least two times in the previous fiscal year (2022–23).

Why this Indicator: State Level Coordination Committee (SLCC) committee is responsible for supervising and guiding the implementation of the National Tobacco Control Programme and provisions of COTPA in the state.

Explanations and illustrations: As per operational guidelines, the SLCC should meet every quarter to review the progress of the work. However, to assess the functionality of SLCC, a minimum frequency of two or more in the previous fiscal year has been considered for this assessment.

8 points

Indicator 5:
Efforts by other departments

Operational definition: Tobacco control initiatives/actions taken by at least three departments other than the health department at the state level.

Why this Indicator: Tobacco control is a multifaceted issue that requires a coordinated effort across multiple sectors and departments apart from the health department. Though the health sector's role is crucial in treating tobacco-related illnesses and increasing knowledge of the harmful effects of tobacco use, other departments have a critical role in the comprehensive approach for reducing tobacco use in India. The NTCP operational guidelines also recommend a multisectoral and interdepartmental partnership in advancing tobacco control.

Explanations and illustrations: State-level tobacco control initiatives/actions are undertaken by any other department apart from health, such as education, law, environment, finance, agriculture, urban and rural development etc. For example, in Rajasthan, state-level tobacco control initiatives/actions are undertaken by Panchayati Raj Institution (PRI), Police and Education, and Women & Child Development departments.

8 points

Indicator 6:
Implementation of Tobacco-Free Educational Institution Guidelines

Operational definition: At least 80% of all the educational institutions in the state are declared tobacco-free as per the Tobacco-Free Educational Institution guidelines, 2019.

Why this Indicator: Tobacco-free institutions would build awareness among the students and teachers, providing an enabling environment and aiding in the effective implementation of section 6 (a) and (b) of COTPA.

Explanations and illustrations: These guidelines should be implemented by all educational institutions, including schools at all levels, colleges, and universities, both in the public and private sectors. States have released implementation guidelines and technology to monitor compliance. For this assessment, 80% of educational institutions in the state must be declared 100% compliant with Tobacco-Free Educational Institution guidelines.

8 points

Indicator 7:
Functional Tobacco Cessation Centre (TCC)

Operational definition: At least 80% of all districts of the state have a functional TCC with at least one dedicated personnel (counsellor/designated counsellor) available, provision of record book system and TCC Proforma (patient intake form), availability of counselling data and reporting and NRT/pharmacotherapy, and equipment (carbon monoxide monitor, spirometer, peak flow meter).

Why this Indicator: Tobacco cessation services are an important component of tobacco control strategy to support tobacco users willing to quit.

Explanations and illustrations: The current indicator assesses the institutionalisation of tobacco cessation services in the form of staff and resources available for helping the tobacco users in quitting tobacco.

7 points

Indicator 8:
Human resources

Operational definition: There is a dedicated/equivalent staff (consultant/social worker/counsellor) at the District Tobacco Control Cell, with more than 75% of districts within the state having at least two out of three staff.

Why this Indicator: Permanent or contractual government staff funded from the health budget to work on tobacco control at the district level are essential for ensuring effective programme implementation and sustainability. All DTCCs are required to have dedicated staff or the equivalent who is designated to carry out work related to tobacco control from any other health unit/programme.

Explanations and illustrations: Staff positions may be full- or part-time and should be dedicated to implementing the district-level NTCP activities.

7 points

Indicator 9:
Comprehensive policy guideline on FCTC Article 5.3

Operational definition: The state (or at least 30% of the districts) has a comprehensive policy guideline on FCTC Article 5.3, including the constitution of an empowered committee and protocol with or without an additional Code of Conduct.

Why this Indicator: Article 5.3 of the WHO–FCTC requires governments to protect tobacco control policies from the commercial and vested interests of the tobacco industry. This indicator will mean the government sets rules to achieve this standard by law or official policy. The three vital aspects are: 1) To insulate public health policy development and implementation from tobacco industry involvement and interference. 2) To protect the public health policies (especially tobacco control policies) through a firewall of detailed protocol ensuring transparency of any interactions — strictly necessary to regulate the industry and its products — with the tobacco industry, and 3) necessary actions by a constituted empowered committee in case of any instance of tobacco industry interference.

Explanations and illustrations: For the ITCS indicator, the state should have Article 5.3 policy guidelines, including the detailed protocol and procedure for tobacco industry interaction, with or without an additional code of conduct, and an empowered committee to take preventative action in case of any tobacco industry interference at the state level.

7 points

Indicator 10:
Policy on Tobacco Vendor Licensing (TVL)

Operational definition: There is a state-level legislation, regulation, notification, or order to implement Tobacco Vendor Licensing, which is mandated for all Urban Local Bodies (ULBs).

Why this Indicator: As per Article 15 of the WHO–FCTC and Article 6 of WHO Protocol to eliminate illicit trade in tobacco products, each party shall endeavour to adopt and implement measures, including licensing, to control or regulate the production and distribution of tobacco products in order to eliminate illicit trade. TVL will improve compliance with tobacco control laws and policies, especially related to controlling counterfeit products, banning sale to minors, and restricting TAPS.

Explanations and illustrations: MoH&FW issued an advisory in 2017 requesting states to develop a mechanism to ensure the sale of tobacco products only through authorised or licensed tobacco vendors (exclusive tobacco sale; no sale of non-tobacco products such as toffees, candies, chips, biscuits, soft drinks, etc.). For example, Himachal Pradesh has enacted legislation requiring TVL, while eight state-level notifications for TVL (MP, Jharkhand, Rajasthan, UP, Karnataka, Assam, West Bengal, Uttarakhand) and 40 city corporations have adopted TVL.

6 points

Indicator 11:
The state has a 'State Action Plan' with a goal, vision, and objectives (short-, mid-, or long-term)

Operational definition: A formal action plan adopted by the state government or the state tobacco control cell and officially documented in the form of minutes of a meeting or a

resolution or a policy document excluding the National Tobacco Control Programme (NTCP) Programme Implementation Plan (PIP) for the state and its districts.

Why this Indicator: A state action plan documents the government's commitment toward accelerating tobacco control in the state. It works as a guiding document for focused program implementation by the state tobacco control cell and other relevant stakeholders and departments in the state.

Explanations and illustrations: The state action plan can include information on the state's vision and goals for tobacco control with state- or district-level targets, departmental roles and responsibilities, expectations, and contributions in effectively implementing the tobacco control programme. For example, the state of Himachal Pradesh has set a goal for the tobacco control program to reduce the prevalence of tobacco use to less than 5% by 2030.

Indicator 12:
Institutionalisation of COTPA enforcement

6 points

Operational definition: There is the presence of an enforcement squad, printed *challan* books, and a head of account to deposit the *challan* amount in more than 90% of the state's districts.

Why this Indicator: The NTCP operational guidelines require every district to constitute an enforcement squad, preferably under the Collector/District Magistrate. The squad is responsible for monitoring compliance with the tobacco control laws and taking action against any violations in the district. The operational guidelines also direct STCC to ensure the printing of *challan* and receipt books and sending the same to the districts or concerned authorities.

Explanations and illustrations: For this indicator, the state and the district administration and authorities should have formed enforcement squads, printed *challan* and receipts books, and warranted to deposit the *challan* amount into the separate head account. For example, if any state or UT has 30 districts in which 27 districts have enforcement squads, *challan* books printed, and a head of the account to deposit the *challan* amount, then the state or UT would be eligible for a full score.

Indicator 13:
Tobacco Control Coalition

5 points

Operational definition: A state-level tobacco control coalition exists, consisting of CSOs and other stakeholders.

Why this Indicator: The tobacco control coalition brings together individuals and organisations from various sectors to work together towards comprehensive tobacco control policies and their effective implementation. The coalition can engage in public education and awareness campaigns; advocate for evidence-based tobacco control policies; provide a platform for sharing resources, knowledge, and best practices; and amplify the impact of any tobacco control initiatives taken by government, organisations and individuals.

Explanations and illustrations: Several states have formed state-level coalitions of like-minded organisations and individuals to advance tobacco control in their respective states,

such as Punjab, Tamil Nadu, Uttar Pradesh, Uttarakhand, Maharashtra, Rajasthan, etc. Each coalition has set objectives and conducts quarterly meetings with members from various sectors and institutions such as medical colleges, research organisations, civil society, and professional bodies working on public health, education, child rights, human rights, women's welfare, deaddiction, environments, etc.

5 points

Indicator 14:
State-level review meeting of programme by a higher official (MD NHM/ secretary Health/Director Health Services) with districts (DTCC) other than DLCC

Operational definition: There was a minimum of two state-level review meetings with the district NTCP officials carried out by a higher official, such as the MD — NHM or Secretary — Health or Director — Health Services, on a yearly basis (2022–23) to review the activities under district tobacco control efforts.

Why this Indicator: State-level review meetings by a higher official provide an opportunity to review the progress of the tobacco control programme, set performance targets and monitor progress, identify gaps, allocate resources, discuss and develop policies, facilitate collaboration with other health and development programs, and provide a platform for capacity-building and knowledge-sharing.

Explanations and illustrations: For this assessment, a minimum of two meetings (online or in-person) should be conducted by a higher official to review the state tobacco control activities and optimise resource allocation to support STCC efforts.

4 points

Indicator 15:
Ban on sale of loose cigarettes, smokeless tobacco, gutkha, and other tobacco products

Operational definition: There is a state-level legislation, regulation, notification, or order currently in force that prohibits the sale of loose cigarettes, smokeless tobacco, gutkha, or other tobacco products in that state.

Why this Indicator: The sale of loose cigarettes and tobacco products circumvents the existing regulation under section 7 of COTPA and facilitates easy access and availability, especially for minors, as well as encouraging illicit trade. In addition, section 2.3.4 of the Food Safety and Standards Act (2006) states that the products are not to contain any substance which may be injurious to health: Tobacco and nicotine shall not be used as ingredients in any food products.

Explanations and illustrations: The current indicator assesses the presence of a policy or legislation and not its implementation status. States such as Punjab, Maharashtra, Chhattisgarh, Himachal Pradesh, Gujarat, Karnataka, J&K, Sikkim, Haryana, UP, Mizoram etc., have issued a notification, order, or regulation that directly or indirectly bans the sale of loose cigarettes and other tobacco products in India.

Point will be allotted to the state even if the ban on any one of these criteria is present.
Hookah bar ban will be included in this indicator if it is not amended under COTPA at the state level.

3 points

Indicator 16:
Tobacco control budget utilisation

Operational definition: The state has spent at least 75% of the programme funds released to it before sending the requisition for the next instalment.

Why this Indicator: Higher fund utilisation indicates the presence of a functional institutional framework with human resources, and the programme implementation with the allocated budget.

Explanations and illustrations: India has 36 states and UTs, and the budget utilisation may vary from state to state. To assess the current indicator, use of more than 75% of the allocated tobacco control budget by state/UT in the previous financial year (2022–23) will be given a full score.

3 points

Indicator 17:
Capacity-building

Operational definition: Two-thirds of trainings (four out of six state-level trainings and 12 of 18 district-level trainings as per the NTCP Operational Guidelines, 2015) were conducted by the STCC and DTCC for tobacco control stakeholders in the previous financial year (2022–23) from the NTCP budget.

Why this Indicator: Trained staff and informed stakeholders are critical for managing and mitigating challenges and ensuring a successful and sustainable tobacco control initiative. The programme has specifically earmarked a budget for capacity-building — training, competency development, and updating of knowledge and skills pertaining to current developments in the field of tobacco control.

Explanations and illustrations: This indicator implies that the STCCs and DTCCs shall train multiple stakeholders (such as Police, FDA, Health/Medical Professionals, Judiciary, Academicians, Students, Media, etc.) considering the whole-of-government approach for tobacco control through state and district-level advocacy workshops or sensitisation pro-grammes at regular intervals per the NTCP operational guidelines.

3 points

Indicator 18:
COTPA Amendment at the State Level

Operational definition: The state legislature has passed legislation amending the Cigarettes and Other Tobacco Products Act, 2003 (COTPA, 2003), which is in force in the state.

Why this Indicator: A law amendment helps to remove gaps and strengthen tobacco control law in sync with India's obligations under the World Health Organization Framework Convention on Tobacco Control (WHO–FCTC) and global best practices at the state level.

Explanations and illustrations: Any tobacco control orders, notifications, circulars, etc., issued under COTPA or any other law shall not be included for this indicator. A COTPA amendment, passed by the state legislature to introduce additional provisions like a ban on hookah bars (Punjab, Maharashtra, Gujarat, Rajasthan, Chhattisgarh), a ban on the loose sale of tobacco products (Himachal Pradesh), and a comprehensive amendment to COTPA (Jharkhand), should be considered.

Indicator 19:
MIS reporting

3 points

Operational definition: In the state, more than 90% of districts completed the MIS reporting, which is verified by the STCC.

Why this Indicator: Monitoring and evaluation is critical for any programme's success and is thus considered one of the key thrust areas under the operational guidelines of the NTCP.

Explanations and illustrations: The districts' MIS reporting provides required data for the quarterly monitoring of the activities and subsequent evaluation of the programme. The MIS under NTCP requires verification of district-level data by the State Tobacco Control Cell before being submitted to the National Tobacco Control Cell.

Indicator 20:
State-specific media, IEC, or communication plan or campaign

3 points

Operational definition: State-specific IEC material developed and distributed along with 80% expenditure of the allocated IEC budget.

Why this Indicator: IEC campaigns are a critical component of the tobacco control strategy to prevent the initiation of tobacco use and sensitise tobacco users about the benefits of quitting. It also helpful in improving compliance by informing the target groups and general public about the provisions of the law and punitive clauses. A dedicated budget line item exists for undertaking these activities under NTCP.

Explanations and illustrations: Routine and dedicated IEC programmes by the state and district tobacco control cells — e.g., posters, pamphlets, rallies, outdoor media activities and a state-specific website (with the previous updated status) — conducted from the programme budget and reflected in MIS will be considered under this indicator.

whether developed and disseminated by state or district

Indicator 21:
Community cessation

3 points

Operational definition:
1. The health worker guide is available in the local language.
2. At least 50% of ASHA and other health professionals are trained.
3. A state-level helpline is supporting tobacco users in quitting.

Why this Indicator: Community cessation via health workers is an established intervention mentioned under the operational guidelines under NTCP.

Explanations and illustrations: The availability of the health worker guide in the local language will facilitate the ready uptake of the intervention at the health workers' end. In addition, the presence of ASHA and other health professionals trained on providing brief cessation counselling are important for community level cessation. The outreach can be increased significantly by offering cessation support services through a state-level helpline.

3 points

Indicator 22:
Integration with other health programmes

Operational definition: Tobacco control is integrated with three other health programmes or schemes at the state level (other than NTCP), such as Tuberculosis, Oral health, NCD control, RMNCH+A, Mental Health, Rashritrya Kishore Swasthaya Karyakram, RBSK, etc.

Why this Indicator: Integration with other health programmes or schemes are essential to developing and implementing comprehensive and effective strategies to address underlying social determinants of tobacco use by advancing complementary efforts and sharing resources and expertise.

Explanations and illustrations: This indicator would include integration of tobacco control programme with other national or state health programmes and schemes such as NCD control programme, oral health programme, tuberculosis elimination programme, RMNCH+A, or mental health programme at the state level. The score will be allotted if there is evidence — e.g. policy documents, MoU, any framework on the collaborative activities, or government order — that indicates integration of tobacco control with other national health programmes or schemes.

1 point

Indicator 23:
Tobacco control included in the curriculum of the state school education board

Operational definition: The state's school education board textbooks in any of the classes (1st to 12th standard) have a chapter, module, or section on tobacco control.

Why this Indicator: 'Curricular Integration of Essential Subjects, Skills, and Capacities' under the National Education Policy 2020 calls for basic training in health, including preventive health, as well as scientific explanations of the detrimental and damaging effects of alcohol, tobacco, and other drugs. It is important to create awareness among young people about tobacco harms and the industry practices adopted to encourage smoking and other forms of tobacco use.

Explanation and illustration: There is a state-level policy notified by the State Education Board (primary, secondary, higher education) mandating an exclusive chapter or module on tobacco control or as a part of the NCD prevention control module. For example, in Rajasthan, the state education board has developed three modules for class I to V, VI to VIII, and IX to XII, wherein each module has a chapter on tobacco control.

1 point

Indicator 24:
State component of NTCP budget allocated and spent

Operational definition: There is an additional state budget other than the NTCP budget, and is spent on tobacco control efforts.

Why this Indicator: Allocation of any additional budget for tobacco control activities would supplement the measures and further the tobacco control initiatives in the state.

Explanations and illustrations: An additional state budget, such as supplementary PIP, penalty money, *challan* money, or budget spent by other government departments for tobacco control efforts, would be included for this indicator. For example, the Rajasthan Village Health, Sanitation and Nutrition Committee (VHSNC) also spends and undertakes tobacco control initiatives.

SECTION FOUR:
Key Findings

Figure: Classification of assessed states or UTs into Sustainable, Progressing and Suboptimal Score of Sustainability in Tobacco Control

States and UTs	Total Score
Rajasthan	121
Uttarakhand	117
Odisha	112
Punjab	111
Uttar Pradesh	103
Jharkhand	102
Karnataka	101
Kerala	99
West Bengal	97
Andhra Pradesh	97
Madhya Pradesh	94
Maharashtra	89
Tamil Nadu	83
Meghalaya	74
Gujarat	73
Chhattisgarh	72
Haryana	70
Goa	65
Jammu & Kashmir	60
Sikkim	59
Nagaland	57
Puducherry	56
Tripura	54
Bihar	53
Arunachal Pradesh	48
Assam	42
Chandigarh	31

Thematic analysis

Institutional Framework

This section describes the institutionalisation of tobacco control at the state and district levels. The current exercise reports the presence of a dedicated State Tobacco Control Cell, State Nodal Officer/in-charge, and a State Level Coordination Committee (SLCC) in 26 out of the 27 states and UTs assessed (Chandigarh did not meet the criteria as SLCC is not constituted in the UT of Chandigarh). However, only five states out of 27 states and UTs reported that the SLCC meeting was conducted in the previous fiscal year. Those states are Andhra Pradesh, Gujarat, Kerala, Odisha and Uttar Pradesh.

A District Tobacco Control Cell is present in 90% or more districts in the state with a District Nodal Officer/in-charge and a District Level Coordination Committee in 24 out of the 27 states and UTs assessed. The criteria were not fulfilled by Chandigarh, Puducherry and Chhattisgarh. In addition, a District Level Coordination Committee (DLCC) meeting was conducted at least twice in fiscal year 2022–23 by more than 75% of districts in 18 out of the 28 states assessed. Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Meghalaya, Nagaland, Sikkim, Chandigarh, and Puducherry did not fulfil the indicator.

Implementation

This section describes the implementation of various initiatives, legislations, policies, and guidelines to advance tobacco control at the subnational level. Multi-stakeholder engagement is a key pillar of tobacco control in the country. Twenty-four out of 27 states and UTs fulfilled of this indicator; the exceptions were Assam, Sikkim, and Chandigarh. The most common departments engaged by states and UTs that were reported during the assessment were police, education, tourism, and Panchayati Raj. The Tobacco-Free Educational Institution guidelines call for 100% compliance at tobacco-free institutions; however, the current assessment looked at the states and UTs reporting coverage above 80%. This criterion was reported as fulfilled by only 7 out of 27 states and UTs: Punjab, Rajasthan, Uttarakhand and Puducherry, Andhra Pradesh, Meghalaya, and Odisha.

A state action plan serves as a guiding document that outlines the government's commitment to tobacco control, facilitating focused program implementation by the state tobacco control cell and relevant stakeholders. Out of 27 states and UTs assessed, only nine states — Punjab, Rajasthan, Karnataka, West Bengal, Uttarakhand, Chhattisgarh, Odisha, Uttar Pradesh, and Tamil Nadu — reported having a state-level action plan. A state-level review meeting with the districts by a higher official, such as Mission Director — National Health Mission, Director — Health Services, or Secretary — Health, provides the opportunity to review the overall performance and progress of the programme. During the current assessment, all but eight states — Jammu & Kashmir, Nagaland, Tripura, Bihar, Madhya Pradesh, Goa, Sikkim, and Arunachal Pradesh — reported having at least two such meetings (either online or offline) in the previous fiscal year, 2022–23. The Ministry of Health & Family Welfare, Government of India, launched the Management Information System (MIS) for NTCP to streamline the data reporting for monitoring and evaluation. For fiscal year 2022–23, 21 states and UTs reported 90% MIS reporting from districts and verified by the state. The exceptions were Assam, Bihar, Chandigarh, Haryana, and Meghalaya, Kerala. The presence of a state-specific media/IEC/

communication plan or campaign with an 80% expenditure in 2022–23 was reported by 19 states and UTs; exceptions were Jammu & Kashmir, Nagaland, Karnataka, Gujarat, Assam, Meghalaya, Sikkim, and Chandigarh.

Integration of tobacco control with other health programmes is crucial for optimal resource utilisation and overall public health. During the present assessment, 25 of 27 states and UTs (excepting Bihar and Goa) reported having integration with at least three other health development programmes such as oral health, TB control, NCD, mental health, etc.

NTCP operational guidelines require that each district form an enforcement squad, preferably under the Collector/District Magistrate, responsible for monitoring and enforcing tobacco control laws, while the STCC is directed to oversee the production and distribution of challan and receipt books to districts/concerned authorities. Presence of an enforcement squad, printed challan books, and a head of account to deposit the challan amounts was reported in more than 90% of districts in 25 states and UTs, the exceptions being Uttar Pradesh and Puducherry.

State-level coalitions complement and supplement the state's tobacco control endeavours. Among the 27 states and UTs assessed, a state-level tobacco control coalition was reported in only 12: Bihar, Gujarat, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, and Uttarakhand.

Legislation, Policies, Guidelines

The presence of legislation, policies, and guidelines is crucial for effective tobacco control, providing a legal framework to safeguard public health and reduce tobacco-related harm by defining norms, enforcing restrictions, and guiding comprehensive prevention and cessation strategies. Among the 27 assessed, 14 states and UTs — Punjab, Kerala, Assam, Uttarakhand, Meghalaya, Jharkhand, Madhya Pradesh, Uttar Pradesh, Puducherry, Sikkim, Rajasthan, Nagaland, Karnataka, and West Bengal — reported having a comprehensive policy guideline on WHO–FCTC Article 5.3. In addition, During the assessment, seven states — Karnataka, West Bengal, Uttarakhand, Jharkhand, Madhya Pradesh, Rajasthan, and Uttar Pradesh — reported as having a state-level policy or order on tobacco vendor licensing. The assessment found that bans on sales of loose cigarettes, smokeless tobacco, gutkha, or other tobacco products were reported by 22 states and UTs, excepting Assam, Goa, Nagaland, Tripura, and West Bengal. During the current exercise, an existing state-level COTPA Amendment was reported only by Punjab, Rajasthan, Chhattisgarh, Jharkhand, and Tamil Nadu out of 27 states and UTs. The inclusion of tobacco control in any form, such as a chapter or module in the curriculum of the state education board, was reported by 15 states and UTs. The other 12 states and UTs — Gujarat, Andhra Pradesh, Kerala, Assam, Uttarakhand, Madhya Pradesh, Puducherry, Goa, Sikkim, Tamil Nadu, Arunachal Pradesh, and Chandigarh — reported an absence of the same.

Figure: Presence of indicators in number of States and UTs

Indicator	Presence in number of states/UTs	
Institutionalisation of tobacco control at the state level	26	
Institutionalisation of tobacco control at the district level	24	
Functional District Level Coordination Committee (DLCC) chaired by District Collector or his nominee	18	
Functional State Level Coordination Committee (SLCC)	5	
Efforts by other departments	24	
Implementation of Tobacco-Free Educational Institution (ToFEI) guidelines	7	
Functional Tobacco Cessation Centre (TCC)	19	
Human resource	15	
Comprehensive Policy guideline on FCTC Article 5.3	14	
Policy on Tobacco Vendor Licensing (TVL)	7	
The state has a "State Action Plan" with a goal, vision, and objectives (short-term or mid-term or long term)	9	
Institutionalisation of COTPA enforcement	25	
Tobacco Control Coalition	12	
State-level review meeting of programme by a higher official (MD NHM secretary Health/Director Health Services) with districts (DTCC) other than DLCC	19	
Ban on sale of loose cigarettes/smokeless tobacco/gutkha and other tobacco products	22	
Tobacco control budget utilisation	19	
Capacity-building	15	
COTPA Amendment at the State Level	5	
MIS reporting	21	
State-specific media/IEC/communication plan or campaign	19	
Community cessation	13	
Integration with other health programmes	25	
Tobacco control included in the curriculum of the State school education board	15	
State component of NTCP budget allocated and spent	9	

Capacity Building

The presence of well-trained personnel and knowledgeable stakeholders is essential in addressing challenges and ensuring the success and sustainability of a tobacco control initiative, with a dedicated budget allocated for capacity-building, including training and updating competencies to align with current developments in the field of tobacco control. The current assessment looked at two-thirds of trainings (Four out of six suggested state-level trainings and 12 out of 18 district-level trainings as per the NTCP Operational Guidelines, 2015) conducted by the STCC and DTCC for tobacco control-specific personnel in 2022–23 from the NTCP budget. Twelve out of 27 states and UTs assessed did not fulfil this assessment criterion: Andhra Pradesh, Arunachal Pradesh, Chhattisgarh, Bihar, Chandigarh, Goa, Jammu & Kashmir, Karnataka, Nagaland, Punjab, Sikkim, and Tripura.

Resources

Budgetary as well as human resources are critical to the sustainability of any health program. The current assessment reports that in 2022–23, a budget utilisation of 75% or above was reported by 19 states and UTs. Exceptions were Jammu and Kashmir, Karnataka, Nagaland, Gujarat, West Bengal, Kerala, Assam, and Bihar. Nine states and UTs reported allocating and spending an additional state budget for tobacco control: Rajasthan, Karnataka, Kerala, Uttarakhand, Jharkhand, Uttar Pradesh, Tamil Nadu, and Chandigarh.

Cessation

Article 14 of WHO–FCTC highlights the vital importance of offering support to tobacco users to quit. In the current assessment, 19 states reported the presence of a functional tobacco cessation centre in at least 80% of all districts of the state. Exceptions were Gujarat, Assam, Tripura, Puducherry, Tamil Nadu, Arunachal Pradesh, Chandigarh, and Haryana. The operational guidelines of NTCP include the established intervention of community cessation through health workers. In the current assessment, 13 states reported the presence of community cessation; however, this criterion was not reported as absent by the other 14 states and UTs: Haryana, Jammu & Kashmir, Gujarat, Assam, Tripura, Meghalaya, Bihar, Madhya Pradesh, Uttar Pradesh, Puducherry, Goa, Sikkim, Arunachal Pradesh, and Chandigarh.

SECTION FIVE:
Key Strengths

Key Strengths

1. The current assessment of tobacco control sustainability at the subnational level in India is the ***first of its kind*** to comprehensively assess the sustainability of tobacco control in various states and UTs of the Indian subcontinent. In addition, the index was developed following a ***robust scientific methodology*** in consultation with technical experts. The data collection followed transparent processes and ***methodical rigour***.

2. The assessment's sample size of 27 states and UTs also provides a comprehensive cross-section of tobacco control sustainability.

3. This assessment sets out an ***inclusive GO/NGO collaboration*** across the subnational level, which is critical for sustainability.

4. The participation of members in the focus group discussion across ***multi-stakeholder departments*** provided inputs and consensus across departments that strengthened the assessment and provided deeper insights.

5. This assessment has provided a ***baseline status*** for similar evaluation exercises in the future for strengthening the NTCP.

6. Furthermore, this assessment highlighted the key areas that require more convergence and efforts to advance sustainable tobacco control at the subnational level.

* Please note that the assessment exercise does not provide insights into the effectiveness of any intervention, policy guidelines, etc. Also, it does not explore the reasons for the presence or absence of any indicators.

SECTION SIX:
Key Recommendations

Key Recommendations

Institutional Framework

- Establishing an institutional framework for tobacco control is crucial to strengthening and sustaining tobacco control at the state level, with a focus on conducting periodic SLCC meetings. Reasons for the lack of periodic meetings should be explored and resolved. Conducting SLCC meetings at regular intervals is crucial in engaging multi-stakeholder buy-in to implement the programme. This also provides a platform for sensitising, addressing, and mitigating the impeding challenges to tobacco control in the state and establishing a collaborative framework. The National Tobacco Control Cell at the Ministry of Health may consider highlighting this gap during the annual NTCP review.

- It should be the imperative of STCC to maintain and strengthen the institutionalisation of tobacco control at the district level and follow up on this issue among the newly formed districts as states have undergone administrative reorganisation.

Legislation, Policy, Guidelines

- Most states and UTs have adopted FCTC Article 5.3 policy in some form; however, not all states have a comprehensive policy, including establishment of an empowered committee and a code of conduct. Therefore, states that have adopted the policy could revisit it, and states and UTs that have yet to adopt it could look at having a comprehensive 5.3 policy to guide the implementors and stakeholders better during implementation.

- States and UTs should consider further strengthening the tobacco control framework at state level and may replicate effective policy decisions from other states like tobacco vendor licensing, ban on loose sales, strengthening COTPA, etc.

Capacity Building

- Periodic induction courses for new staff and refresher capacity-building programs for inducted staff, along with hands-on training for the operational side of the programme, such as cessation, enforcement, *challans,* MIS data reporting, and seizure, would help streamline capacity-building activities and budget utilisation.

Implementation

- Implementing Tobacco-Free Educational Institution guidelines requires concerted

efforts by the health, education, and police departments. Therefore, given the importance of tobacco-free educational institutions and tobacco-free youth, it's important to make institutions tobacco-free, coupled with a third-party evaluation of compliance.

- Building a state-level coalition could be a huge support in states and UTs that currently lack one. This amalgamation of multiple stakeholders with diverse networks, resources, and expertise could strengthen and guide tobacco control efforts and build advocacy.

- Institutionalising COTPA enforcement in all newly formed districts is critical to ensure compliance with the tobacco control law and protect public health.

Cessation

- Establishing functional state-level quit lines could help divert traffic from national quit-line services, providing easier accessibility and resolution. Further, establishing functional TCCs should be prioritised in the newly organised districts, and the availability of cessation services should be widely advertised in the TCC's service area.

Resources

- Budget utilisation is a key issue among the states. States and UTs have reported that a delay in fund release followed by procedural delays leads to underutilisation of funds.

- The states require technical assistance in undertaking various NTCP activities and timely submission of expenditure and utilisation certificates.

SECTION SEVEN:
Annexures

Index for Tobacco Control Sustainability (ITCS) at the subnational level, India

Sr.no.	Indicator	Operational definition	Present (P)/ Absent (A)	Weighted score	State/UT score
	Institutionalisation of tobacco control at the state level	A dedicated State Tobacco Control Cell, State Nodal Officer/in-charge and a State Level Coordination Committee are present.		9	
	Institutionalisation of tobacco control at the district level	A District Tobacco Control Cell exists in 90% or more districts in the state with a District Nodal Officer/in-charge and a District Level Coordination Committee present.		9	
	Functional District Level Coordination Committee (DLCC) chaired by District Collector or his nominee	The District Level Coordination Committee meeting was conducted by more than 75% of districts within the state at least twice in the previous fiscal year.		9	
	Functional State Level Coordination Committee (SLCC)	A State Level Coordination Committee meeting was conducted at least twice in the previous financial year.		9	
	Efforts by other departments	Tobacco control initiatives or actions were taken by at least three state-level departments other than the health department.		8	
	Implementation of Tobacco-Free Educational Institution (ToFEI) guidelines	At least 80% of all educational institutions in the state are declared tobacco-free as per the ToFEI guidelines, 2019.		8	
	Functional Tobacco Cessation Centre (TCC)	At least 80% of all districts of the state have a functional TCC with at least one dedicated personnel (counsellor or designated counsellor) available, provision of record book system and TCC Proforma (patient intake form), availability of counselling data and reporting and NRT/pharmacotherapy, and equipment (carbon monoxide monitor, spirometer, peak flow meter).		8	
	Human resource	A dedicated equivalent staff (Consultant/Social Worker/Counsellor) exists at the District Tobacco Control Cell, with more than 75% of districts within the state having at least two out of three staff.		7	

Comprehensive Policy guideline on FCTC Article 5.3	The state (or at least 30% of the districts) has a comprehensive policy guideline on FCTC Article 5.3, including the constitution of an empowered committee and protocol with or without an additional Code of Conduct.	7
Policy on Tobacco Vendor Licensing (TVL)	There is a state-level legislation, regulation, notification, or order to implement Tobacco Vendor Licensing, which is mandated for all Urban Local Bodies (ULBs).	7
The state has a 'State Action Plan' with a goal, vision, and objectives (short-term or mid-term or long term)	A formal action plan adopted by the state government or the state tobacco control cell exists and is officially documented in the form of minutes of a meeting or a resolution or a policy document, excluding the National Tobacco Control Programme (NTCP) Programme Implementation Plan (PIP) for the state and its districts.	6
Institutionalisation of COTPA enforcement	There is the presence of an enforcement squad, printed *challan* books, and a head of account to deposit the challan amounts in more than 90% of the districts of the state.	6
Tobacco Control Coalition	A state-level tobacco control coalition is present, consisting of CSOs and other stakeholders.	5
State-level review meeting of programme by a higher official (MD NHM secretary Health/ Director Health Services) with districts (DTCC) other than DLCC	At least two state-level review meetings took place with the district NTCP officials carried out by a higher official (MD NHM/ Secretary Health/ Director Health Services) on a yearly basis to review the activities under district tobacco control efforts.	5
Ban on sale of loose cigarettes, smokeless tobacco, gutkha, and other tobacco products	There is a state-level legislation, regulation, notification, or order currently in force that prohibits the sale of loose cigarettes or tobacco products in the state.	4
Tobacco control budget utilisation	The State has spent at least 75% of the funds released to it before sending the requisition for the next instalment. The use of 75% of the allocated budget in the previous fiscal year by a State or UT shall make them eligible for the full score.	3
Capacity-building	Two-thirds of trainings (4 out of 6 state-level trainings and 12 out of 18 district-level trainings as per the NTCP Operational Guidelines, 2015) were conducted by the STCC and DTCC for tobacco control-specific personnel in the previous fiscal year from the NTCP budget.	3
COTPA Amendment at the State Level	Legislation amending the Cigarettes and Other Tobacco Products Act, 2003 (COTPA, 2003) was passed by the state legislature and is in force in the state.	3

MIS reporting	In the state, more than 90% of districts completed the MIS reporting, which is verified by the STCC.	3
State-specific media/IEC/communication plan or campaign	State-specific IEC material developed and disseminated, along with 80% expenditure of the allocated IEC budget.	3
Community cessation	1. Health worker guide is available in the local language 2. At least 50% of ASHA and other health professionals are trained. 3. State level helpline is supporting tobacco users in quitting.	3
Integration with other health programmes	Tobacco control is integrated with three other state-level health programmes or schemes (other than NTCP), such as Tuberculosis, Oral health, NCD control, RMNCH+A, Mental Health, Rashritya Kishore Swasthaya Karyakram, RBSK, etc.	3
Sustainable Alternative Crops and Livelihood	A state-level plan or initiative to support sustainable alternative crops and livelihood for tobacco growers, tobacco farmers, industry workers, bidi rollers, and tendu pluckers included in any state development plan (agriculture, labour, skill development, etc.)	2
Tobacco control included in the curriculum of the State school education board	The State's School Education Board textbooks in any of the classes (1st to 12th standard) have a chapter, module, or section on tobacco control.	1
State component of NTCP budget allocated and spent	An additional state budget other than the NTCP budget exists and has been spent on tobacco control efforts.	1
Grand Total		**132**

State/UTs scores from the assessment

States and UTs	Total Score (130)
Haryana	70
Punjab	111
Jammu & Kashmir*	60
Rajasthan	121
Nagaland	57
Karnataka	101
Gujarat	73
Maharashtra	89
West Bengal	97
Andhra Pradesh	97
Kerala	99
Assam	42
Tripura	54
Uttarakhand	117
Meghalaya	74
Chattisgarh	72
Odisha	112
Bihar	53
Jharkhand	102
Madhya Pradesh	94
Uttar Pradesh	103
Puducherry	56
Goa	65
Sikkim	59
Tamil Nadu	83
Arunachal Pradesh	48
Chandigarh	31

*Jammu & Kashmir was considered as a state, and Ladakh, which is a Union Territory, was not included in the assessment.

Picture Gallery