**Quarterly Report Format (DTCC to STCC)**

**DISTRICT TOBACCO CONTROL CELL:**

**REPORT FOR THE QUARTER ENDING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART-A**

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| **Sl.No** | **Activities** | **YES/NO** | **Reasons, if the answer is No** |
| 1. | Whether District Cell has been set up  | Yes  |  |
| Whether TCC has been set up (Including procurement of equipments) | Yes |  |
| 2 | Status of recruitment of staff in the District Cell –-District Consultant | Yes |  |
| -Psychologist/Counselor | Yes |  |
| - Social Worker | Yes |  |
| - Any Other ( Data Entry Operator) | Yes |  |
| 3 | Whether District Level Co-ordination Committee (DLCC) has been constituted  | Yes*,* In the form of District Level Task Force (Tobacco Control) |  |
| 4. | Whether COTPA and its rules have been displayed on the official district website | No |  |
| 5. | Whether challaning mechanism for COTPA has been set up at District Level | Yes |  |
| Whether separate head of account has been opened for deposit of challan amount at district level | No |  |
| Whether challan books have been received from STCC | Yes |  |
| Whether challan books have been distributed to authorized officers | No |  |
| Whether enforcement squads have been set up in the district to monitor compliance of COTPA  | Yes |  |
| Whether compliance of COTPA has been integrated in the monthly crime review meetings ( kindly share monthly reports with the STCC) | Yes, since August 2016 |  |
| 6. | Whether Utilization Certificate has been submitted for the previous financial year | Yes | Provisional Utilization Certificate has been submitted to NHM Mizoram |
| 7. | Whether Statement of Expenditure has been submitted for the previous financial year  | Yes | Provisional Utilization Certificate has been submitted to NHM Mizoram |

**PART-B**

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| --- | --- | --- | --- |
| **S.No** | **Activities** | **During the quarter**  | **Up to the quarter in the Financial Year** |
| 1. | No. of meetings of the DLCC with dates |  |  |
|  2. | Visits conducted by the enforcement squads  |  |  |
| Persons challaned and amount collected (*information to be given month-wise in the format as annexed )* |  |  |
| Complaint received through National Violations helpline |  |  |
| Detail of such complaints where actions has been taken |  |  |
|  3. | Training/sensitization programmes for different stakeholders organized by DTCC |  |  |
| Participants in the trainings/sensitization programmes organized |  |  |
| 4. | Types of IEC materials adapted/developed by DTCC (e.g. posters/stickers/handouts/wall paintings/hoardings etc) |  |  |
| 5. | PHCs, CHCs, Govt buildings, schools and other public places covered with these IEC materials |  |  |
| 6. | Schools covered in the School Programme by the DTCC(i) Public Schools(ii) Private Schools(iii) Colleges/Coaching Institutes |  |  |
| Details of children covered in the Schools/Colleges Programmes |  |  |
| Details of School/Colleges Programmes conducted |  |  |
| 7. | Details of meeting held with other relevant State Govt. departments  |  |  |
| Details of training programs of other departments in which DTCC participate and made presentations on tobacco control |  |  |
| 8. | Details of meetings held with civil society organizations and professionals bodies (e.g. NGOs, NSS, NCC, IDA, IMA etc) |  |  |
| 9. | No. of Blocks where Block Level Coordination Committee have been set up |  |  |
| No of villages where Village Level Committee have been set up |
| 10. | Details of TCCs set up in the district (Indicate separately details of TCCs set up in the district hospital, other government set-ups, NGOs, private set-ups, NGOs, private set ups etc) |  |  |
|  | 1. Whether staff is in place in these TCCs
 |  |  |
|  | 1. Whether counselors working in these TCCs are formally trained in cessation activities ( indicate separately the total number of counselor in place and the number of counselors who have received formal training)
 |  |  |
|  | 1. Have the TCCs arranged for any cessation trainings for healthcare providers/workers? If yes, indicate the number of trainings undertaken with details.
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|  | 1. Whether pharmacological treatment of tobacco dependence is available
 |  |  |
|  | 1. Whether equipments such as Carbon Monoxide monitor and Spirometer have been procured
 |  |  |
|  | 1. Total No. of Weekly Focused Group Discussion (FGD) conducted
 |  |  |
|  | 1. No of persons who availed services at the TCCs
 |  |  |
|  | 1. Number of persons who received counseling
 |  |  |
|  | 1. Number of persons who received pharmacotherapy
 |  |  |
|  | 1. Number of persons who received both
 |  |  |
| 11 | 1. No. of persons screen for the TB Symptoms complex referred to DOTS center
 |  |  |
| 1. No. of persons found positive for the TB Symptoms complex and referred to nearest Designated Microscopic Center
 |  |  |
| 1. No. of registered TB patients referred to TCC for Tobacco Cessation Counseling after giving “Brief Advise”
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