

Report Card Survey

**Development of Report Card on the progress of the
implementation of the institutional policies and
Tobacco Control Law**

**Prepared for:
Project on Promoting Smoke free Local Government and Public Spaces
In Chittagong Division**

**Implemented by
Young Power in Social Action (YPSA)**

**Supported by
Campaign for Tobacco Free Kids
And Bloomberg Initiatives to Reduce Tobacco Use**



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List of Acronyms:

BATA- Bangladesh Anti Tobacco Alliance

CCC- Chittagong City Corporation

FCTC- Framework Convention on Tobacco Control

SEAR - South-East Asia Region

WHO – World Health Organization

YPSA- Young Power in Social Action

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Chapter-1

Background

It is a great terrible fact for human being that tobacco is recently the second major cause of death in the world. Tobacco use is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyists (Thomas Zeltner, MD, David A. Kessler, MD, Anke Martiny, PhD, Fazel Randera, MD).

Hence, who can decline the awful nature of tobacco leaf? In this regard, it can be told that as a development issue, tobacco control programs should get prioritized as well.

However, currently there are 1.3 billion smokers in the world, which excludes millions of users of other form of tobacco. Tobacco kills one in ten persons globally, accounting for approximately 5 million deaths per year, out of which 1.2 million deaths occur in the South-East Asia Region (SEAR). This figure is expected to rise to 10 million annual deaths by 2030, with 70% of the deaths occurring in low income countries.

The tobacco consumption scenario in the SEAR is different from other regions in its complexity. There is great variation in the pattern and mode tobacco use, both in smoking and smokeless forms, such as cheroots, kreteks, panmasala, betel quid with tobacco, gutka, etc. Tobacco consumption in the Region is increasing rapidly, especially among the youth and the poor. The current tobacco consumption rates in men ranges from 26% to 60% although the same in women is considered to be low (2% to 7%) except for Nepal (29%), Bangladesh (21%), Myanmar (21%) and Maldives (15%). Recent prevalence reports from countries like India and Bangladesh show an increasing prevalence among females.

Bangladesh has a huge population of 138.6 million (2005 estimate). According to 2004 prevalence data (a study conducted by WHO), 37% people aged 15 years and above (i.e., 30.9 million) use tobacco in some form or other. Use of smokeless tobacco is a huge problem in women. In 2004, 57000 people died and 3,82,000 became disabled due to tobacco related illnesses. Bangladesh was the world's 18th leading tobacco producer in 1994 and continues to be the 4th largest producer of cigarettes in the Region.

Tobacco-related illnesses such as cancer, cardiovascular and respiratory diseases are already major problems in Bangladesh as in most countries of this Region. Tobacco related cancers account for about half of all cancers among men and one-fourth among women. Due to a very high prevalence of chewing tobacco use in various forms, Bangladesh has significant incidences of oral cancers in the world. Heart attacks in Bangladesh, as compared to western countries, occur at younger ages. Most of the victims of heart attacks below the age of 40 are smokers. Smoking largely attributes to chronic obstructive pulmonary diseases. Tobacco is the second leading cause of all non-communicable diseases. Tobacco poses a major challenge not only to health, but also to

economic development. A recent study conducted by WHO Bangladesh indicates that tobacco control is economically beneficial for Bangladesh especially for the poor. Tobacco use is a major drain on the national financial resources, and further impoverishes the poor.

Recognizing the enormous premature mortality caused by tobacco use and adverse effects of tobacco on social, economic and environmental aspects, the Member States of the World Health Assembly in May 1996 decided to initiate an international instrument on tobacco control (WHO, 49.17). In May 1999, the World Health Assembly adopted by the 56th World Health Assembly in May 2003 under the president –ship of the honourable Health and Family Welfare Minister of Bangladesh. Bangladesh was the first country to sign the Convention. The FCTC enters into force and become part of international law on 27 February after ratification by 40 countries. Member countries of the South-East Region have shown their strong commitment towards tobacco control. Ten out of eleven countries in the Region have signed the FCTC and nine countries have ratified it.

Although Bangladesh has enacted a tobacco control law in 2005 in accordance with some of the provisions of WHO FCTC, its regulations also came into force in September 2006. However, these guiding documents are not sufficient for implementing the tobacco control programmes. The provisions of the FCTC/Law should be appropriately reflected in the strategic plan of actions in order to reduce tobacco consumption, to promote cessation of tobacco use, to protect nonsmokers from environmental tobacco smoke and to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and tobacco consumption and exposure to tobacco smoke. This strategic plan of action provides a framework for comprehensive tobacco control in Bangladesh for four years, 2007-2010.

Chapter-2

Relation between YPSA and Tobacco Control Issue

A knowledge-based society deserves positive developmental attitude from its organizations in order to improve the situation of mass people. Apparently, the organizations aim to progress their own society. Young Power in Social Action (YPSA) is such a social development organization that envisions a society without poverty where everyone's basic needs and rights are ensured. For about 25 years now, YPSA has been involved in providing health services, education, promoting general public health and other development issues in Greater Chittagong Division.

High prevalence of smoking and tobacco use, low awareness about harmful effects of smoking and tobacco use and weak regulatory measures prompted YPSA's action and involvement in anti tobacco movement from its inception. YPSA is a founder member of Bangladesh Anti Tobacco Alliance (BATA) and since inception YPSA has been observing World No Tobacco Day each year in all of its working areas including the 4 local government units where its current smoke free project is being implemented.

Early involvement also included extensive advocacy experience in championing for the development of National Smoking and Tobacco Legislation enacted and adopted in 2005 jointly with other agencies under Bangladesh Anti-Tobacco Alliance (BATA). Other involvement included awareness campaigns and developing of information, education and communication material on harmful effects of smoking and tobacco use and dissemination in all 4 Districts in Chittagong Division.

Whereas the Government of the republic of Bangladesh ratified WHO FCTC, later developed national smoking and tobacco usage (control) law 2005 and action plans, there persist high prevalence of smoking and exposure to secondhand smoke especially in regional cities like Chittagong, local towns and districts. This may be attributed to the general low awareness about harmful effects of exposure to secondhand smoke among the public and local leaders, low awareness about national smoking and tobacco control law and its application at the local level, weak local smoking regulation among other issues.

Realizing the need to reduce health risks by strengthening smoking regulation at workplaces and public places, as a nongovernmental organization, YPSA expanded its efforts to promote smoke free environments. Since April 2009 YPSA has been implementing smoke free project dubbed '**Promoting smoke free local government and public spaces in Chittagong Division**' with financial assistance from Campaign for Tobacco Free Kids (CFTFK) and Bloomberg Global Initiative to Reduce Tobacco Use.

The project aims to promote smoke free local government and public spaces within Chittagong Division, by advocating for smoke free policies and practices at City Corporation and Municipal level as a preventive and regulatory mechanism in compliance with National Smoking and Tobacco Control Act 2005.

The project is being implemented in 4 Districts such as Chittagong City Corporation, Cox's Bazaar, Comilla and Feni targeting an estimate mechanism in compliance with National Smoking and Tobacco Control Act 2005.

The project is being implemented in partnership with local governments and it seeks to help mobilizing the local agencies and other partners to work together to control the tobacco epidemic, particularly through the formulation and implementation of smoke free policies at the local government institutions and public spaces under their jurisdiction. Formation of smoke free civil society coalition is a unique approach of YPSA for advocating with the local government and other authorities of public places and public transports.

Meanwhile, YPSA conducted qualitative assessment to gain understand Local government authorities perceptions on smoke free policies, perceived and actual capacity gaps while identifying opportunities to inform and enable YPSA's smoke free project introduce, get smoke free policies developed and enforced by the selected local government units. In this regard, 4 smoke free guidelines for the 4 local governments have been developed and Cox's Bazar municipality already approved the guideline and it is under process in other 3 local governments.

Present Tobacco Control policy status in Bangladesh

As per Tobacco Control law in Bangladesh, Smoking is completely banned in health-care facilities and educational facilities. In all other public places and workplaces managers possess the authority to designate smoking areas. Despite statements in the national law that "tobacco advertisement is prohibited in any form," the current law does not prohibit advertising at point of sale, via Internet, promotional activities such as "corporate social responsibility" advertising, brand-stretching, and promotional discounts. Health warnings do not effectively warn smokers about smoking and are not applied to smokeless tobacco. The law mandates written warnings that cover 30% of the front and back of the package; six rotating warnings are used in 6-month rotations. Given the high adult illiteracy rate (49%) and high rate of persons who consume smokeless tobacco (36% male, 56% female), pictorial warnings and comprehensive coverage of all tobacco brands is necessary. Tobacco taxes have gradually increased over the last two years. The most popular brand of cigarettes is currently taxed at 67%.

**Tobacco Control Policies as of December 31, 2008
Reported in WHO Report on the Global Tobacco Epidemic, 2009**

Smoke free Environments – Complete Smoking Bans			
Health Care facilities	Yes	Indoor offices	No
Educational facilities except universities	Yes	Public transport	No
Universities	No	Restaurants	No
Governmental facilities	No	Pubs and bars	No
Do sub national jurisdictions have the authority to adopt laws that completely ban tobacco smoking?:			No
Bans on Advertisement Promotion and Sponsorship			
National TV and radio	Yes	Free distribution	Yes
International TV and radio	No	Promotional discounts	No
Local magazines/newspapers	Yes	Non tobacco products with tobacco names	Yes
International magazines/ newspapers	No	Non tobacco brand used for tobacco product	No
Billboards and outdoor advertising	Yes	Appearance of tobacco products in TV and/or films	No
Point of sale	No	Sponsored events	Yes
Internet			No

Health Warnings On Tobacco Packages			
Law mandates specific warnings	Yes	Number of approved warnings	6
Warnings describe harmful effects of tobacco use	Yes	Warnings required to rotate	Yes
Warnings include a picture or graphic	No	Warnings are written in the principal language(s)	Yes
% of principal display areas covered (front and back)	30%	Warnings have mandated font style font size and color	Yes
Front	30%	Ban on misleading descriptors	No
Back	30%		

(Source: WHO Report on the Global Tobacco Epidemic 2009 available from: <http://who.int/tobacco>)

The core purpose of Smoke Free project

To promote smoke free local government and public spaces within Chittagong Division, by advocating for smoke free policies and practices at City Corporation and Municipal level as a preventive and regulatory mechanism in compliance with National Smoking and Tobacco Control Act 2005.

Project Objectives

1. Inform, persuade and form a coalition of supportive government institution, local business, journalists, non-governmental organizations and community-based organizations in Chittagong Division by September 2009.
2. Support the development and adoption of the model institutional policies for Chittagong City Corporation and 3 Municipalities in Cox's Bazar, Comilla and Feni Districts by June 2010.
3. Strengthen the enforcement of 100% smoke free policies and practice in Chittagong City Corporation and 3 Municipalities by December 2010.
4. Enhance sharing of experiences and knowledge across model institution to allow replication of promising practices and lesson in smoking and tobacco control in Chittagong division, other cities and nationally.

Chapter-3

Context: Development of Report Card for Smoke Free Project

The third objective of the project is to strengthen the enforcement of 100% smoke free policies and practice in Chittagong City Corporation and 3 Municipalities by December 2010. The objective includes 'Conducting a Report Card Survey on the progress of the implementation of the institutional policies and Tobacco Control Law'. Nevertheless, according to third objective of formulating a report card is inevitable for implementing the institutional policies and the Tobacco Control Act, 2006 regarding the on going Smoke free Project of YPSA.

Definition of Report Card

It can be written, in a word, as the definition of Report card, it is an assessment of average snapshot of a meticulous program. It has been said that report card is the only first step towards change of a program. Furthermore, formally, a report card can be defined as: 'A regular effort by an organization to collect data on two or more other organizations, transform the data into information relevant to assessing performance, and transmit the information to some audience external to the organizations themselves'. (Gormley & Weimer, 1999). An integrated, comprehensive set of quantitative indicators, covering critical aspects of performance of a program or system being monitored, that reduces to a simple, face valid score or set of scores. (Teague, Ganju, Hornik, Johnson & McKinney, 1997).

History, criteria and purposes of developing and formulating Report Card

It is a demonstrated truth that research in universal jargon refers to a search for knowledge. Research is defined as a scientific and systematic search for relevant information on an unambiguous arena. In fact, research is an art of scientific investigation. The advanced Learner's Dictionary of Current English lays down the meaning of research as 'a careful investigation or inquiry especially through search for new facts in any branch of knowledge.' Research is an academic activity and as such the term should be in a technical sense. According to Clifford Woody research comprises defining and redefining problems, formulating hypothesis or suggested solutions; collecting, organizing and evaluating data; making deductions and reaching conclusions; and at last carefully testing the conclusions to determine whether they fit the formulated hypothesis. All progress is born of inquiry. If we agree with that saying, formulating report card survey is one kind of informal research. Because, the report card process has been conducted by maintaining the research methodology.

Not surprisingly the report card phenomenon came from its use in measuring scholastic performance. The beginning of the organizational report in the United States appear to be in the mid 1800s with the advocacy of organizational performance assessments for hospitals and schools The organizational report card is a similar tool to the scholastic report card in that it allows interested parties to assess the performance of multitude

programs or organizations. The political and social acceptance and widespread use of such report cards came much later, arriving in the United States around the 1970s. An era of growing concern over the quality and cost-effectiveness of public services has led to a rising trend towards the use of report cards. Moreover, report cards have become more influential in the political arena since the 1970s (Gormley & Weimer, 1999). The report card is one of many tools that are used to measure organizational performance. They are closely related to performance monitoring systems, but should be distinguished from other performance measures such as program evaluation and benchmarking.

Gormley and Weimer (1999) suggest three types of report cards:

- a. Scientific report cards which are developed based on data, methodologically strong, comprehensive and valid.
- b. Popular report cards which are developed based on communicating relevant information clearly and effectively.
- c. Hybrid report cards which are developed based on combined scientific rigor with effective communication.

Moreover, Gormley and Weimer (1999) have established six criteria for exemplary report cards: validity, comprehensibility, relevance, reasonableness and functionality. Report Card also referred to as status reports, profile reports (Fielding, Sutherland, & Halfon, 1999), and community indicator reports (United Way of America, 1999), appear to have increased in popularity in the past decade. Three quarters of report card projects surveyed in a national survey of report cards in the United States were first conducted in the mid 1990s (Fielding et., 1999). Report Cards are typically conducted annually, and in many cases quarterly or more frequently (Wholey & Hatry, 1992, cited in Gormley & Weimer, 1999).

The focal goal of a report card is to lead to a positive impact on an organization or system (Gormley and Weimer, 1999). Although the primary purpose of report card is to inform people of the current conditions within a community or domain above and beyond one program (United Way of America, 1999), report cards used for many purposes, including: 1. Defining community problems, 2. Monitoring and tracking changes, 3. Setting priorities (Fielding et al., 1999), 4. Evaluation (Pineno, 2002), 5. Identification of underserved areas and needs (Rosenheck & Cicchetti, 1998), 6. Providing feedback to service providers (Gormley & Weimer, 1999), 7. Encouraging collaborative problem-solving (United Way of America, 1999). 8. Facilitating public education, 9. Public awareness, 10. Social marketing, 11. Advocacy efforts by local groups (Fielding et al., 1999), 12. Initiating improvements in systems or promoting action more generally (e. g. Davies, Washington & Dindman, 2002). 13. Accountability (Schriefer, Urden, & Rogers, 1997; Lies & Kazandjian, 1999), 14. Supporting continued increased funding for a service or system (Rosenheck & Cicchetti, 1998), and, 15. As an information tool to facilitate informed decision-making (Simmes et al., 1999).

It should be mentioned that the present report card is a documentation of progressing institutional policy and law concerning smoke free program implemented by YPSA.

Chapter-4

Progress of implementation of Tobacco Control Law regarding Report card:

Under this Project entitled ‘Promoting a Smoke free Local Government and Public Spaces in Chittagong Division’, YPSA has initiated few effective steps to implement the Smoking and Using of Tobacco Products (Control) law, 2005. Mentionable provisions of article from the Tobacco Control law regarding report card have been included below:

Article 4 states, ***Smoking, Prohibited in Public Place and in the Public Vehicles***

- 1) Subject to the provision of section 7, no person shall smoke in any public place and public transport.
- 2) Any person contravening the provision of sub-section (1), he shall be punished with fine not exceeding fifty taka.

Article 5 states, ***Prohibition of Advertisement of Tobacco Products***

- 1) No persons shall-
 - a) display advertisement on tobacco products in cinema hall or government and non government radio and television channels; and shall not make any exhibition of photographs audible or made audible;
 - b) sell or make sold any film or video tape or such other things containing advertisement of tobacco products;
 - c) print or publish or make published any advertisement in any books, magazines, handbills, billboard, newspaper or printed papers published in Bangladesh; and
 - d) distribute or supply to public any leaflet, handbill or documents containing the name of brand of tobacco product, colour, logo, trade mark, sign, symbol or advertisement.

Article 8 states, ***Exhibition of vigilance Notice***

- (1) the owner, caretaker or controller or manager of public places and the owner, caretaker or controller or manager of public vehicles shall arrange to display a notice in Bangla and English as ‘Be abstain from Smoking, it is a punishable offence’ in one or more points outside the place, marked or specified as smoking zone under section 7, and in the concerned vehicles.

Progress of implementation of institutional policy regarding report card:

Under this Project ‘Promoting a Smoke free Local Government and Public Spaces in Chittagong Division’, YPSA has instigated hardly any successful footsteps to implement institutional smoke free guideline having 22 sections according to the Smoking and Using of Tobacco Products (Control) law, 2005. In this regard, mentionable sections of smoke free guideline regarding report card have been incorporated below:

In the section 7 of smoke free guideline- The definition of public place and public vehicles has been expanded (beyond the law) like Restaurant, hotel, NGO offices, workplaces, playground have been incorporated in the guideline.

Non machineries vehicle has been included in the guideline as public vehicles

In the section 10 of smoke free guideline – The vigilance notice should be displayed as per the article 8 of tobacco control law 2005.

In the section 11- the local government should appoint a law enforcement officer for enforcing the guideline

In the section 12- The local government should launch mobile court of regular basis executed by their own magistrate or coordinated by other government institutions.

In the section 13- Responsible officer can take action against law violators through providing verbal and written warning

In the section 14 – Having provision of penalties and punishment

- Fixed Penalty Notice or legal proceedings against an owner, occupier, manager or any other person in charge of no-smoking premises for failing to display no-smoking signs
- Fixed Penalty Notice or legal proceedings against an individual smoking in no-smoking premises
- Legal proceedings against an owner, occupier, manager or any other person in charge of no-smoking premises for failing to prevent smoking in a smoke free place
- Managers of any premises or vehicles that this law applies to, have a legal responsibility to ensure they become and remain smoke free and display all the required no-smoking signs.
- For the offence of smoking in a smoke free place, individuals may be liable to a fixed penalty of BDT 50 for smoking in smoke-free premises (as provide in national law)
- The manager or person in control of any smoke-free premises could be fined a fixed penalty of (e.g. BDT 100) for failing to display ‘No Smoking’ signs.
- The manager or person in control of any smoke-free premises could be fined fixed penalty of (e.g. BDT 100) for failing to prevent others from smoking in those premises.

Formation a guideline for developing Report Card

Core purpose:

The core purpose of the study is to assess the implementation of Tobacco Control Law enacted by government, and smoke free guideline for local government formulated by smoke free coalition with the facilitation of YPSA at Chittagong City Corporation, Comilla/Feni/Cox's Bazar Pouroshova.

Specific objectives

1. To assess implementation of the tobacco control law in smoke free public places and public transport in the project areas.
2. To assess the ban of tobacco advertisement as per tobacco control law and guideline in project working areas.
3. To observe the environment after displaying vigilance notice.
4. To know the affectivities of smoke free guideline in working areas.
5. To assess the status of guideline and law implementation and enforcement by the local government and central government body.

Determining Indicators for smoke free

Indicator selection is an inevitable step in developing Report Card. The indicator selection process is a critical step that should remain at the core of the development of report cards. The indicators selected for use should be relevant and effective (Santiago, 1999). To develop a report card for the project, the indicators will be gathered from the essence of the objectives. The indicators have been grouped into two categories. One group is for monitoring indicators and another is for progress indicators. Those are below:

A) Smoke free Environment Monitoring Indicators:

1. Found No smoking signage indoor/outdoor;
2. Found people smoking indoor/outdoor;
3. Found cigarette/bidi butts;
4. Smelled cigarette smoke;
5. Selling of cigarette/bidi or Display of Advertisements of Tobacco Products.

B) Tobacco Control Law and guideline progress indicators:

1. Awareness on Tobacco Control Law among mass people;
2. Mobile court operations launched by law implementation forces;
3. Regular Taskforce Meeting.
4. Smoke free declaration in 1 City Corporation and 3 Municipalities.
5. Smoke free guideline approval.

Report Card Methodology

The methodology has been developed on a qualitative approach. The approach includes:

- 1 Review smoke free guideline and national tobacco control law 2005 and rules 2006
- 2 Review the previous steps which have been done for the project.
- 3 Visit the places under project working areas and observe public smoking behavior, attitude to tobacco control issue.
- 4 Oral Interview to Government and local government officials.

Sampling

The report card survey will cover:

- 1 Public places and public transport under Chittagong City Corporation (such as offices, hospitals, ward offices, education institutions, public transport, restaurant and others).
- 2 Public places and public transport under three municipalities like Comilla, Cox's Bazar and Feni (such as offices, hospitals, education institutions, public transport, restaurant and others).

Few of public places through random sampling (such as government offices)

Sampling Arena

Corporation / Municipalities	Ward Offices	Hospitals /Health Centre	Education institutions	Others (Public Places)**	Public transport **
CCC	18	10	12	20	20
Comilla Municipalities	1 (Municipality Offices)	5	5	15	10
Feni Municipalities	1 (Municipality Offices)	5	5	15	10
Cox's Bazar Municipalities	2 (Municipality Offices)	5	5	13	10
Total	22	25	27	63	50

*(n.b.**: Though restaurants and rickshaws are not covered respectively as public place and public transport, as per guidelines formulated by YPSA for local governments in Chittagong Division restaurants and non-machinery vehicles are included as public place and public transport.)*

Data Collection and Analysis

The report card survey will be conducted through three ways:

- 1 Review
- 2 Observation; and
- 3 Interview

Finally the total result will be integrated by analyzing overall assessment.

Sample of demonstration list for field monitoring & Evaluation

Field monitoring and evaluation activities will be conducted between two professions

Categories

A) For general professional informant:

Date of visit:

Type of visited place:

Name of the visited place:

1 Study through interview

Name of interviewee:

Designation/position:

Age:

Questionnaire

Q.1: Are people found smoking indoor?

Ans.

Q. 2: Smoking is harmful to health – Do you know the fact?

Ans.

Q. 3: Have you heard about Tobacco control law enacted by Bangladesh Government?

Ans.

Q. 4: What do know about the law?

Ans.

2 Study through observation

Observation comments

Found No smoking signage indoor/outdoor:	Yes	No
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Found people smoking indoor/outdoor:	Yes	No
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Found cigarette/bidi butts:	Yes	No
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Smelled cigarette smoke:	Yes	No
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Selling of cigarette/bidi:	Yes	No
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B) For higher professional informant

Date of visit:

Type of visited place:

Name of the visited place:

1. Study through interview

Name of interviewee:

Designation/position:

Age:

Questionnaire

Q. 1. We know you are much positive to create a smoke free zone in Public Places as per law. What about the improvement in implementing Tobacco Control Law, 2006?

Ans.

2. Study through observation

Observation comments

Found No smoking signage indoor/outdoor:	Yes	No
--	-----	----

Found people smoking indoor/outdoor:	Yes	No
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Found cigarette/bidi butts:	Yes	No
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Smelled cigarette smoke:	Yes	No
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Selling of cigarette/bidi:	Yes	No
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*(n.b.** It should be mentionable that the questionnaire survey was conducted based on both formal and informal approach.)*

Chapter-5

Observation results in Percentages assessment and chart view:

1. Found No smoking signages

Districts	Yes	No
Chittagong	100%	0%
Cox's Bazar	100%	0%
Feni	100%	0%
Comilla	100%	0%

Average = Yes (100%), No (0%)

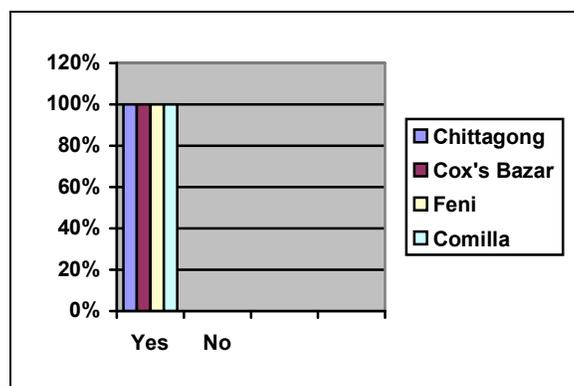


Figure 1: Found No Smoking Signages

2. Found people smoking indoor

Districts	Yes	No
Chittagong	13%	87%
Cox's Bazar	26%	74%
Feni	16%	84%
Comilla	14%	86%

Average = Yes (17.25%), No (82.75%)

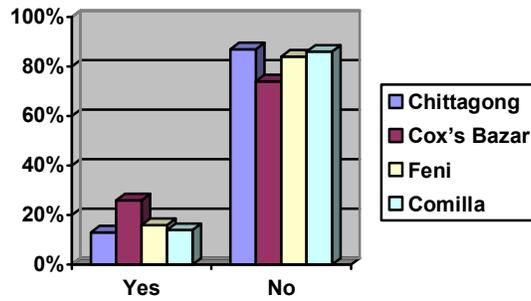


Figure 2: Found people smoking indoor/outdoor

3. Found cigarette/bidi butts:

Districts	Yes	No
Chittagong	13%	87%
Cox's Bazar	22%	78%
Feni	16%	84%
Comilla	14%	86%

Average= Yes (16.25%), No (83.75%)

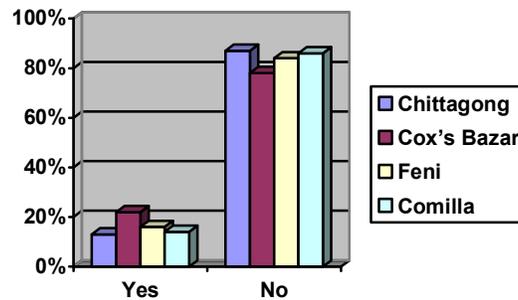


Figure 3: Found cigarette/bidi butts

4. Smelled cigarette smoke

Districts	Yes	No
Chittagong	13%	87%
Cox's Bazar	22%	78%
Feni	16%	84%
Comilla	16%	84%

Average = Yes (16.75%), No (83.25%)

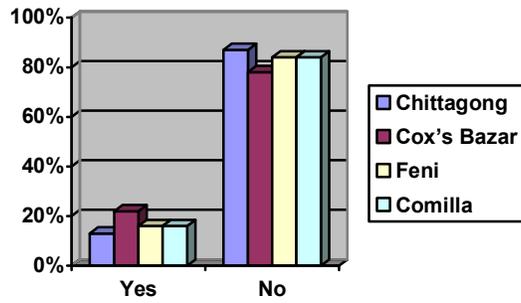


Figure 4: Smelled cigarette smoke

5. Selling of cigarette/bidi

Districts	Yes	No
Chittagong	6%	94%
Cox's Bazar	11%	89%
Feni	0%	100%
Comilla	0%	100%

Average: Yes (5.5%), No(94.5%)

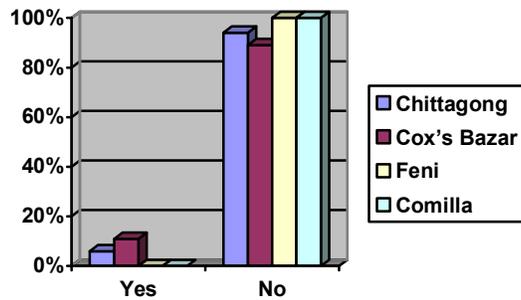


Figure 5: Selling of cigarette/bidi

6. Awareness on Tobacco Control Law.

Districts	Conscious	Unconscious
Chittagong	84%	16%
Cox's Bazar	69%	31%
Feni	75%	25%
Comilla	76%	24%

Average: Yes (76%), No (24%)

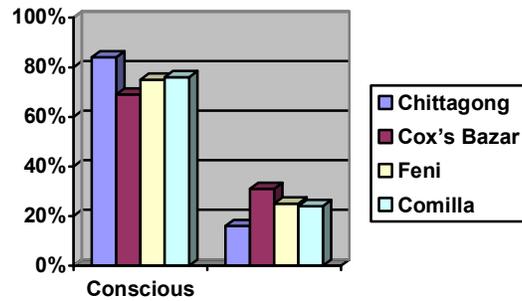


Figure 6: Awareness on Tobacco Control Law.

7. Smoke free declaration program:

Districts	Yes	No
Chittagong	100%	0%
Cox's Bazar	100%	0%
Feni	100%	0%
Comilla	100%	0%

Average: Yes (100%), No (0%)

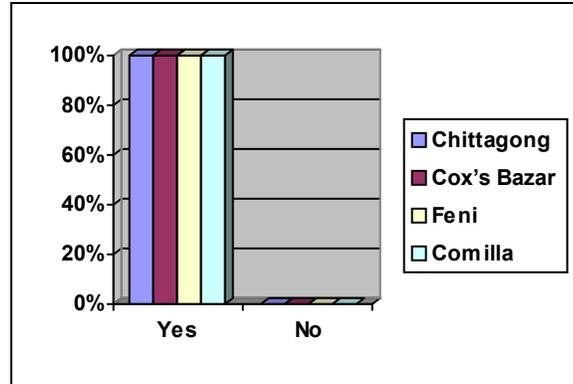


Figure 6: Smoke free declaration program

8. Approval of guideline by the local government authorities in project working areas:

Districts	Yes	No
Chittagong	100%	0%
Cox's Bazar	100%	0%
Feni	100%	0%
Comilla	100%	0%

Average: Yes (100%), No (0%)

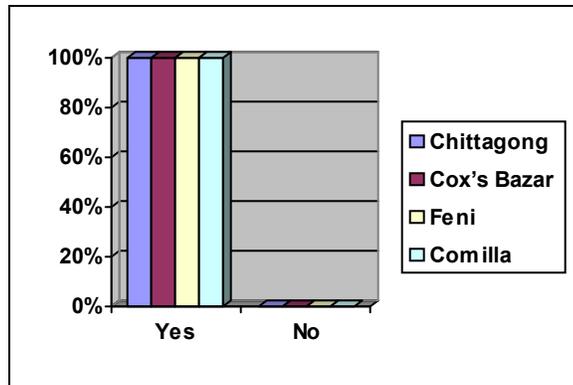


Figure: Guideline approval

9. The rate of smoking in public transport (based on sampling):**

Districts	Rate of smoking (Public Transport)	Observed Public Transports
Chittagong	62.50%	40
Cox's Bazar	50%	20
Feni	75%	20
Comilla	65%	20

The rate of smoking in public transport on average: 63.13%

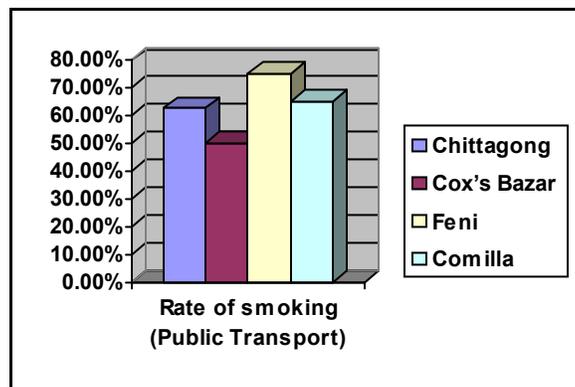


Figure: the rate of public smoking behavior in public transport

Presentation of Matrix Table of Indicators for developing Report Card

A matrix table has been constructed from indicators and data sources as per guideline for conducting the report card survey on the progress of implementation of institutional policies and Tobacco Control Law. The indicators have been selected by the availability of data, methodological perspectives and the overall framework of the report card. Whereas the indicators have been grouped into two categories, the matrix tables can be arranged such follows:

Smoke free Environment Monitoring Indicators								
	Chittagong		Cox's Bazar		Feni		Comilla	
	Yes	No	Yes	No	Yes	No	Yes	No
1. % of Found No smoking signage indoor/outdoor	100%	0 %	100%	0 %	100%	0 %	100%	0 %
2. % of Found people smoking indoor/outdoor	13%	87%	26%	74%	16%	84%	14%	86%
3. % of Found cigarette/bidi butts	13%	87%	22%	78%	16%	84%	14%	86%
4. % of Smelled cigarette smoke	13%	87%	22%	78%	16%	84%	16%	84%
5. % of Selling of cigarette/bidi or Display of Advertisements of Tobacco Products	6%	94%	11%	89%	0%	100 %	0%	100%

Tobacco Control Law and Policy progress indicators								
	Chittagong		Cox's Bazar		Feni		Comilla	
1 Smoke free declaration in 1 City Corporation and 3 Municipalities.	√ (tick/cross assessment)		√ (tick/cross assessment)		√ (tick/cross assessment)		√ (tick/cross assessment)	
2. % of Awareness among mass people on Tobacco Control Law	Conscious: 84%,	Unconscious: 16%	Conscious: 69%,	Unconscious: 31%	Conscious: 75%,	Unconscious: 25%	Conscious: 76%,	Unconscious: 24%
3. Mobile court operations launched by law implementation forces	√ (tick/cross assessment)		√ (tick/cross assessment)		√ (tick/cross assessment)		√ (tick/cross assessment)	
4. Regular Task Force Meeting	X (tick/cross assessment)		2 (tick/cross assessment)		1 (tick/cross assessment)		X (tick/cross assessment)	
5. Smoke free Guideline approval.	√ (tick/cross assessment)		√ (tick/cross assessment)		√ (tick/cross assessment)		√ (tick/cross assessment)	

Chapter-6

Overall Assessment of the Report Card Survey with Demographic Coverage on Development of Report Card on the progress of the implementation of the institutional policies and Tobacco Control Law

The project entitled 'Promoting Smoke free Local Government and Public spaces in Chittagong Division' is being implementing in 4 selecting Local Government areas namely Chittagong City Corporation, Cox's Bazaar, Comilla and Feni Municipalities in 4 Districts in Chittagong Division by YPSA with financial assistance from Campaign for Tobacco free Kids and Bloomberg Global Initiative To Reduce Tobacco Use. The survey had been addressed among a total of 187 public places and public transports and 205 participants have been interviewed both in formal and informal approach. By and large, it is a compiled report of development of report card on the progress of the implementation of the institutional policies and Tobacco Control Law.

• Chittagong City Corporation:

Chittagong City Corporation (CCC) is a self-governing organization which governs the municipal areas of Chittagong and some adjoining areas of south-eastern Bangladesh. Chittagong City Corporation is populated by 40,00,000 inhabitants with 154 sqm area. CCC owns 41 wards, 1 Mayor, 41 general councilors and 14 women councilors. There are 2686 public places in Chittagong City Corporation.

To implement the tobacco control law, due to develop a Report Card, the surveyor has been visited 80 areas including City Corporation Office, ward offices, Hospitals, health centre, markets, education institutions and other public places, public transports and interviewed huge informants from various professionals randomly.

Key Findings:

The findings has been observed and interviewed through assessing and gathering the indicators. Those are below.

- Chittagong City Corporation has declared itself as Smoke Free City corporation.
- Chittagong City Corporation has approved the Smoke free guideline proposed by YPSA.
- From percentage assessment, it has been proved that No Smoking Signage had been distributed properly in Chittagong City Corporation area premises including public place area and public transport also.
- The surveyor had found few of persons (13%) smoking indoor or outdoor in public places as per law.
- Under percentage assessment, surveyor had found cigarette/bidi butts 13% and smelled cigarette smoke 13%.
- Surveyor has found selling bidi and cigarette (6%) in observed areas.
- People in Chittagong City Corporation areas are conscious about Tobacco Control law. The rate of the awareness is 84% based on sampling area.
- In Chittagong district task force meeting is conducted regularly.

Feni Municipality:

Feni Municipality governs Feni main town adjacent to Feni sadar. It is populated near about 300000 inhabitants with 27.20-skm areas. The municipality includes 18 wards, 1 mayor, 18 general councilors, 6 women councilors. There are 813 public places in Feni.

The surveyor has visited 36 public places in Feni district including Municipality/Ward Councilors office, DC office, UNO office, education institutions, public transports, hospitals, markets, restaurants, different offices and others. The key findings gathered from observation and interviews are as below:

Key Findings:

- Feni Municipality has been declared as smoke free zone.
- Feni Municipality has approved the smoke free guideline proposed by YPSA.
- No smoking signages have been found in the observed areas of Feni.
- People had been found smoking (16%) in the observed areas of Feni.
- The places under sampling area had been found cigarette and bidi butts at the rate of 16%.
- The rate of awareness amongst people on Tobacco Control Law is 75% positive in sampling area.
- Mobile court operations in Feni are launched on irregular basis.
- Taskforce meeting in Feni is conducted after a long interval.

Comilla Municipality:

Comilla Municipality governs Comilla City adjacent to Comilla Sadar. It is populated near about 3, 00,000 inhabitants with 16.60 skm area. The municipality includes 18 wards, 1 Mayor and 18 general councilors and 6 women councilors. There are 831 public places in Feni. The surveyor has visited 36 places including Comilla Municipality Office and Civil Surgeon Office, hospitals, education institutions, different offices, market, restaurants and others and others. The key findings gathered from observation and interviews are as below:

Key Findings:

- Comilla Municipality has been declared as smoke free area.
- The Municipality has approved the smoke free guideline formulated by YPSA.
- No smoking signages have been seen in the observed areas.
- People had not been found smoking in the observed areas in Feni.
- The sampling areas have been found cigarette and bidi butts at the rate of 14%.
- The rate of awareness amongst people on Tobacco Control Law is 76% positive under sampling area assessment.
- Mobile court operations are launched irregularly as per Tobacco Control law.
- Regular Task Force Meetings will not be organized.

Cox's Bazar Municipality:

Cox's Bazar Municipality governs Cox's Bazar Sadar which is populated 2, 32,432 inhabitants with 32.90 skm area. The municipality has 12 wards, 1 Mayor, 41 general councilors, 4 women councilors. There are 602 public places in Cox's bazaar Municipalities.

The surveyor visited 35 places including the Municipality, DC office, Chief Executive Magistrate office, different offices, health institutions, education institutions, market, restaurants and others. As per existing tobacco control law, rickshaw is included as public transport, but the guidelines for local governments regarding tobacco control issue formulated by YPSA covers rickshaw as a public transport.

The key findings gathered from observation and interviews are as below:

- Cox's bazaar Municipality has declared as smoke free area.
- The municipality has approved the smoke free guideline formulated by YPSA.
- No smoking signages have been seen in the sampling areas.
- The sampling areas have been found cigarette and bidi butts at the rate of 22%. As people who were coming from far in village court area, most of them were smoking. They were watching 'No smoking' signage on wall, but most of them cannot be able to recognize the sign because of being illiterate.
- Mobile court operations are launched regularly as per Tobacco Control law.
- Regular Task Force Meetings will be organized in Cox's Bazar after distributing no smoking signages in all project working areas.

Recommendations in implementing of the institutional policies and Tobacco Control law:

- To create awareness amongst mass people on negative effects of smoking, passive smoking and tobacco control law, mass campaign can be conducted through folk media. Marginalized people can be able to accept the messages through folk media easily than that of mass media. In remote areas, folk media will be the most effective and positive medium in disseminating messages on anti tobacco.
- KAP (Knowledge-Attitude-Practice) gap study can be carried out to change the smoking behavior of smokers in particular cases.
- Strengthen regular monitoring system in organizing tobacco control task force committee meetings and launching mobile court operations in project working areas.
- Whereas the smoke free guideline of 4 selected local governments are not enforced in full swing, so for 100% enforcement of the guidelines the advocacy should be strengthen with the local government through Coalition.
- As a exemplary model, it can be replicated in other areas of Bangladesh.

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