

Title: A Qualitative Study on Implementer's Perspective of Success and Challenges: Interactive Popular Theatre (IPT) Component of BRAC CST Project for COVID-19 Prevention at Cox's Bazar in Bangladesh

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Abstract

Interactive popular theater (IPT) has been used as a public health education tool for decades in different countries of the world. Bangladesh Rural Advancement Committee (BRAC) conducted IPTs in the Cox's bazar districts of Bangladesh to build awareness about COVID-19 and cervical cancer prevention. This study aimed to explore the experience of the IPT implementers and understand their perspective on the success and challenges of BRAC IPT implementation at Cox's Bazar. A qualitative approach with exploratory research design was employed and in-depth interviews were done to with the managerial level and field level implementers of IPT to conduct the study. The study finding indicated that the IPT implementers had overall positive experience about the implementation and they considered the IPTs successful due to the positive feedback they received from beneficiaries and positive behavior change they observed in the community after conducting IPTs. However, this study also discovered that the implementers faced certain challenges during the IPT implementation. The challenges found were lack of acceptance of IPT among Muslim conservative people and Muslim religious leaders, difficulty of conducting IPTs in hard-to-reach areas, no sitting arrangement done for the audience in the IPT conducting site, difficulty in crowd management and short duration of training for the actors. These challenges can be overcome by involving the Muslim religious leaders in the consultation meetings prior to conducting IPTs, developing specific plan focusing on timing and transportation process to conduct IPTs in hard-to-reach areas, provide logistic support for the sitting arrangement of audience and trainers assessing the need of extending the training period through close supervision and discussion with the actors.

Introduction

COVID-19 has devastated the world with over 6 million deaths till November 5, 2022 (Worldometer, 2022a) and caused enormous economic damage and societal disruption specifically in low- and middle-income countries (Mueller et al., 2022). Bangladesh is a South-Asian lower-middle income country that recorded approximately 30,000 deaths caused by COVID-19 till November, 2022 (Worldometer, 2022b). Furthermore, the country is facing severe negative public health, economic and social consequences due to ripple effect the of pandemic (Deb et al., 2022; Gautam et al., 2022). Therefore, Bangladesh has taken several measures similar to other countries around the world to control the transmission of COVID-19 in community level. However, knowledge, attitude, and practices (KAP) of the people of the country have impacted their compliance to the prescribed recommendations and methods for combating the continuing COVID-19 (Karim et al., 2020). Thus, incomplete knowledge and negative attitudes for COVID-19 prevention practices have led to increased misconceptions, conflicts, unwarranted fear and triggered usage of unscientific remedies in the vulnerable areas of Bangladesh (Hosen et al., 2021; Rabbani et al., 2020). A cross-sectional KAP study showed that among 492 Bangladeshis 55% had inadequate knowledge, 51% had a negative attitude about COVID-19 control, and 76% had harmful practices with COVID-19 (Rabbani et al., 2020).

Another study of Paul et al. (2020) found through an online survey, among 1,589 Bangladeshi participants that only 33% of participants had good knowledge on COVID-19, whereas 52.4% and 44.8% of those individuals demonstrated good attitudes and practices, respectively. The study concluded that the knowledge attitude and practice score regarding COVID-19 prevention was unsatisfactory and a panic fueled by a lack of understanding of the facts related to COVID-19 in the country (Paul et al., 2020). Therefore, COVID-19 incompliant behavior among people and unhealthy practices due to lack of knowledge has significant potential of intensifying pandemic through increased transmission. Consequently, it will cause serious physical and mental issues, household food insecurity and national economic crisis among in Bangladesh (Amit et al., 2021; Mueller et al., 2022). Therefore, effective measures should be taken to convince public to follow the recommendations to prevent further intensification of the pandemic.

Kaushik et al. (2021) mentioned that WHO recommendation of maintaining personal hygiene and social distancing is unclear, poorly comprehended and not followed by a significant portion of the public (Kaushik et al., 2021). Paul et al. (2020) argued that persuading people to practice personal hygiene, social distancing, and self-quarantine techniques has been one of the difficulties in containing COVID-19 in different countries of the world. However, social and behavioral change communication (SBCC) interventions are proven to be highly effective for COVID-19 prevention. The countries that implemented SBCC interventions efficiently were able to control the adverse health and economic impacts of pandemic (Kaushik et al., 2021; Mushi & Mushi, 2021). Interactive popular theatre is a form of entertainment-based SBCC intervention (Pervez & Samadder, 2015) which can be used in community awareness building for disease prevention.

Conrad (2004) characterized popular theatre as a method of social and behavioral change designed based on the experiences and culture of the community to engage people in the exploration of significant topics using drama. Utilizing popular theater was effective in engaging indigenous youth and the healthcare experts in determining the process of expanding access to healthcare among indigenous community through exposing racial discrimination (Camargo Plazas et al., 2018). Popular theatre can use dance, music, drama, story-telling, or poetry and it has the ability to sensitize people to recognize their issues, analyze them, seek answers, and alter their behavior. Red Cross-National Societies in countries such as Togo, Zambia, Malawi, and Zimbabwe have incorporated theater and drama into community-based health education programs in order to increase knowledge of children immunizations, malaria control, and other health education initiatives (Mbizvo, 2006). In case of infectious disease, popular theater informed the marginalized women about health services provided for HIV including details on clinic developed for them and aware them about access to diagnostic and treatment facilities (Mbizvo, 2006). Bangladesh similarly has been using IPT build awareness on social issues build community awareness on social issues such as dowry, sufferings of rape victims and distresses of poor elderlies (Pervez & Samadder, 2015; Rafi & Rahman, 2009). However, conducting IPTs for increasing awareness and enabling community to take action for disease prevention is less used SBCC intervention in Bangladesh and minimally studied. Specifically, use of IPT for COVID-19 prevention in this country is not studied till now, to best of my knowledge.

Justification

BRAC has implemented IPT as a form of SBCC to create awareness about COVID-19 and cervical cancer among people of Cox's Bazar district of Bangladesh. Over 5500 confirmed COVID-19 cases were identified in Cox's Bazar by February, 2021 (USAID & IMMAP, 2021) and this underdeveloped district is susceptible to aggravated COVID-19 transmission due to its low literacy rate, tourism dependent economy and providing shelter to a million Rohingya refugees (USAID, 2018; WFP, 2020). Additionally Hosen et al. (2021) found out through a nation-wide survey that the mean score of Cox's Bazar district was slightly lower on COVID-19 related knowledge than the overall national mean score. Thus, BRAC initiated implementing IPT at Cox's bazar in Bangladesh for COVID-19 prevention from June 2021 and continued till December 2022. The intervention containing IPT is called the BRAC Community Support Team (CST) Cox's Bazar project which focused on increasing knowledge in the community about COVID-19 and cervical cancer prevention. This public health education intervention overall emphasized on engaging and motivating local community to practice the knowledge gained on COVID-19 and cervical cancer.

Bergling et al. (2021) emphasized on discovering organizational and individual factors attributed to strengths and weaknesses of a public health education intervention by understanding perspective of implementers for further improvement. BRAC IPT implementers are working directly with local community of Cox's Bazar for increasing COVID-19 prevention knowledge and they understand the context and implementation process profoundly. However, to best of my knowledge, no prior study has been conducted to explore successes and challenges of IPT focusing on COVID-19 and cervical cancer prevention from implementers' experiences. Thus, conducting a qualitative study is useful for in-depth investigation of the facilitating factors and barriers of IPT implementation process and understand the extent of community response from implementers' perspective. Therefore, the aim of this study is to explore the overall experience of IPT implementers on implementation process and understand their perspective on the success and challenges of IPT implementation at Cox's Bazar. The findings can be used to strengthen facilitating factors and addresses challenges while scaling up IPTs countrywide for empowering vulnerable population to transfer the acquired COVID-19 and cervical cancer prevention knowledge into action.

Conceptual Framework

Asante (2016) claimed that popular theater unifies community members together to strive for a collective purpose to find a solution to prevent the transmission of disease or any other health-related risk. Furthermore, theatre can transcend literacy obstacles and evoke emotional and critical responses from the audience through demonstrating culturally appropriate content and using local phrases and dialect.

The conceptual framework (Figure 01) for this study is built on the aspects that entertainment, information sharing, community participation and feedback enable people to accept the community health education and change their behavior for better health outcomes (Asante, 2016; Mabala & Allen, 2002).

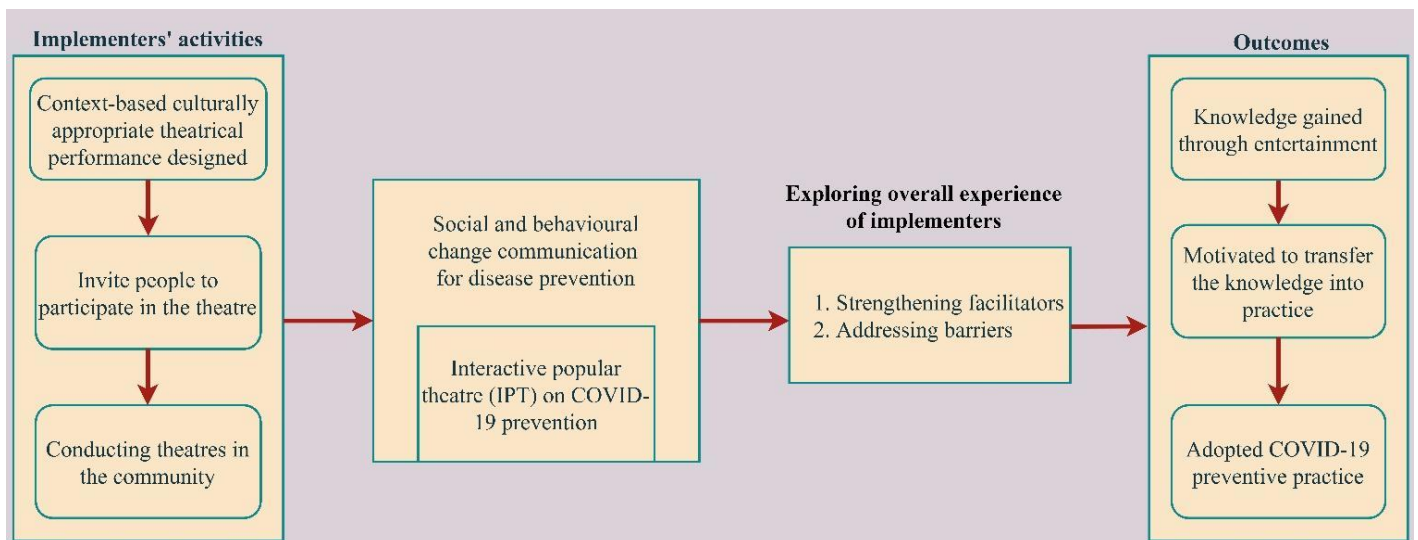


Figure 01: Conceptual framework to explore IPT implementers experience

Rafi and Rahman (2009) and Pervez and Samadder (2015) similarly denoted that interactive popular theatres on major issues in Bangladesh are able to engage community by using local dialect and phrases and performing it in a cautiously selected site in the community. The audience receive the message through recreation and correlate their own situation with the performances of the actors and discuss their views which increase their knowledge, assist them in conscientization and empower them to take action. The implementers' experience plays a key role in understanding the outcome of the IPT implementation as it is related with understanding

the strengths and weaknesses of the implementation process. The implementation process and the perception of implementers of facilitating factors and barriers of IPT developed through their experience are important to explore for program improvement.

Brief description of the BRAC CST Cox's Bazar

This project of BRAC is implemented with the support from UNFPA and the World Bank in 58 unions of 6 sub-districts (Cox's Bazar Sadar, Chakaria, Kutubdia, Maheshkhali, Ramu, and Pekua) Cox's Bazar district in two phases. The project includes interventions focused on mask distribution, establishing hand-washing station, increasing knowledge on COVID-19 among school students and SBCC for the community people. To implement SBCC intervention part of this project, BRAC has engaged Polli Somaj from its Social Empowerment and Legal Protection (SELP) program to organize IPT which would help shape COVID-compliant behaviors (vaccinating, mask usage, hand hygiene) in the community. A total of 232 IPTs with messages on COVID-19 prevention and cervical cancer were held in the intervention area.

Research question

What is the overall experience of the interactive popular theatre implementers of BRAC CST project at Cox's bazar, Bangladesh?

General research objective

To explore the overall experience of the Interactive popular theatre implementers of BRAC CST project at Cox's bazar, Bangladesh

Specific research objectives

1. To explore the perception of implementers regarding interactive popular theatre implementation experience at Cox's bazar, Bangladesh
2. To understand the success achieved and the challenges faced by the implementers in implementing the interactive popular theatres at Cox's bazar, Bangladesh

Methodology

Study design

A qualitative approach was employed and exploratory design was used to explore the experiences of BRAC IPT implementers of BRAC CST Cox's Bazar project.

Study setting

The study was conducted in the five selected sub-district including Cox's Bazar sadar, Ramu, Maheshkhali, Kutubdia and Chakaria of Cox's Bazar district of Chattogram, Bangladesh.

Study population

The study population consisted of the managerial level staff and field level IPT implementers of BRAC CST Cox's Bazar project. The managerial level staff included community mobilizer (CM), volunteer coordinator (VC), social mobilizer (SM) and the field level implementer included health volunteers (HV) and actors of IPT.

Inclusion criteria

Any Managerial level implementers and field level implementers involved in any aspect of IPT implementation was included.

Exclusion criteria

Any implementer not involved with IPT component of CST Cox's Bazar project was excluded.

Sampling technique and sample size

The purposive sampling method was employed to select IPT implementers from the selected study sites as study participants. In-depth interviews (IDI) were conducted with the selected 10 IPT implementers. IDI is a popular technique for collecting data in qualitative studies of the public health discipline. The sharing of the life experience and perspective of participant about certain issues during IDIs allow the researcher to answer the why and how of the phenomena of interest (Eppich et al., 2019). The study participants were reached through the assistance of implementers of other components of BRAC CST Cox's Bazar project from the BRAC. 4 managerial level IPT implementers and 6 field level IPT implementers were selected. Among 4 managerial level IPT implementers, there was 1 community mobilizer, 1 volunteer coordinator,

and 2 social mobilizers. Additionally, there were 2 health volunteers and 4 actors of the IPT. Respondents were taken from Ramu, Chakaria, Kutubdia, Maheshkhali and Cox's Bazar sadar. However, the number of respondents taken from each site were not equal as the interviewing was depended on the availability of the implementer.

Data collection tools

A semi-structured guideline was developed for conducting IDIs (Annex A). A well-designed semi-structured interview guide has preset questions but also leaves room for flexibility to investigate issues surfacing during conversation based on the research question (Eppich et al., 2019) and thus the experience and perception of the participant can be explored deeply. The guidelines consisted of following sections: implementer's socio-demographic profile, implementer's responsibility regarding IPT, experience regarding planning and conducting IPT, Implementer's perceived success about IPTs, challenges faced in administering IPT and engaging community and their recommendations to improve IPT.

Data collection procedure

Both In-person IDIs and phone-based IDIs were done to intensively explore the experience of managerial and field-level IPT implementers who are involved in planning and performing IPT. 6 interviews were done in-person and 4 interviews were done over the phone. In-person IDIs were conducted in BRAC offices situated at Ramu and Kutubdia and at a household where IPT was conducted in Cox's Bazar sadar. The in-person interviews were done from 26th November, 2022 to 30th November, 2022 by using translated IDI guideline. During in-person interviews, there was an observer with the interviewer. On the other hand, interviews over phone were done between 4th December to 6th December with the same translated IDI guidelines. The respondents were from Chakaria and Maheshlhali, whose interviews were done through phone.

Data analysis process

The collected data was analyzed through thematic analysis method. Thematic analysis is a rigorous though adaptable method for analyzing qualitative data and it is effective for understanding experiences, perception or attitudes throughout a data set (Kiger & Varpio, 2020). The data analysis was initiated with data familiarization including translating the audio recordings in English. Half of the translations were done by the interviewer and half were done

by other translators. The quality of the interviews translated were properly checked. Then the documented translated interviews were read and coded following priori codes and inductive codes and a codebook was maintained with definitions of codes (Annex B).

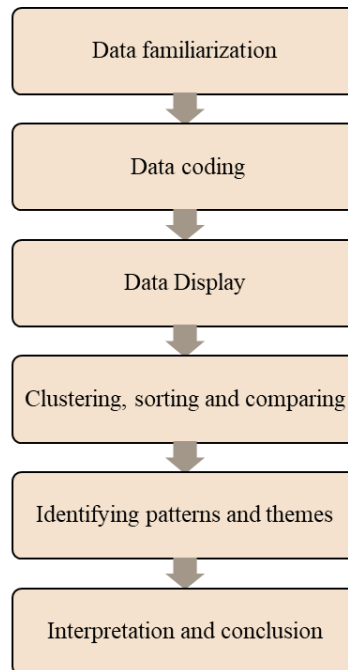


Figure 02: Outline of data analysis plan

Coded data were clustered and sorted into categories and data display matrix was used to visualize coded data case by case (Annex C). The categorized coded data were compared to detect similarities and contrast and then certain patterns were identified among categorized coded data. The themes were then derived from the identified pattern and finally the themes were interpreted and integrated to reach conclusion.

Ethical consideration

An ethical approval was obtained from Institutional Review Board of BRAC James P Grant School of Public Health. A written informed consent was taken from each participant who was interviewed in-person and verbal informed consent was taken from each participant who were interviewed over phone before proceeding with the interview. The study participants were clearly explained about the study purpose, voluntary nature of the participation and not receiving monetary benefit. It was clarified that each interview will receive a unique ID to maintain

anonymity. Data was stored in password-protected device and shared solely among study team to ensure confidentiality.

Findings

Socio-demographic characteristics of the respondents

The interviewed ten respondents are from mentioned five different unions of Cox's bazar and they performed different responsibilities during IPT implementation under BRAC CST project. There are community mobilizers, social mobilizers, health volunteers, volunteer coordinator and actors among the respondents. All of the respondents were male and their age ranged from 20 years to 52 years. All the managerial level IPT implementers (community mobilizers, social mobilizers, volunteer coordinator) education was of tertiary level. The education of field level IPT implementers (health volunteer and actors) ranged from secondary to tertiary level.

How IPT was organized

The interactive popular theaters conducted under BRAC CST project in different unions of Cox's Bazar focused on building awareness about COVID-19 and cervical cancer. The name of the drama was "*Sustho Thaki*" (Let's Stay Healthy). All of the respondents mentioned that the drama provided messages on COVID-19 prevention and cervical cancer. The theaters were organized through the collaboration of BRAC, an organization named SELP and the *Polli Somaj*. The BRAC CST Cox's Bazar project provide financial resources and SELP support by arranging actors for drama. Six dramas were planned to be done each month. Each drama team has a team leader who took preparation for conducting the drama on the scheduled time with other team members. The drama team leader with the leader of *Polli Somaj* searched around for the suitable spot to stage drama in the selected union.

All the respondents mentioned that IPT shows are usually done in a house with a spacious yard where large number can audience can gather and enjoy the show. The leader of the *Polli Somaj* along with the actors disseminated the news of which household has been selected as the venue to conduct IPT after maghrib prayer (evening time). Moreover, an immediate feedback session was done after ending of each drama, where the audience were explained again about what they

had seen and the audience shared what they had understood. The queries of the audience were also answered in that session.

Features of IPT

The IPT titled ‘*Sustho Thaki*’ comprises certain entertaining features that provide realistic messages among the audiences about COVID-19 and cervical cancer prevention. All the respondents denoted that the IPT titled ‘*Sustho Thaki*’ involves actors that dress-up and do make-up as coronavirus to show how coronavirus can infect a person and messages are given on how to stay protected from corona through their performance. One respondent from Ramu described the drama and about its content in following manner,

“IPT means drama. In this drama, they show virus (coronavirus) practically. One actor dresses up like corona virus, another actor does not wear mask, then both of them practically show how coronavirus attacks a person without mask” (IDI 01, 26 years, health volunteer)

The IPT shows delivers messages on the importance of using mask in crowded place, proper hand washing procedure the need of taking all dosage of COVID-19 vaccines. One of the respondents from PMkhali explained scenes showing how messages to prevent coronavirus in these three ways are provided. He described that,

“.....There are some people (in the act) who are not careful, and those who act as aware, like us, we all have masks on our face. And there are three people who stop the coronavirus (actor acting as coronavirus) and ask hey coronavirus where are you going. They attack the coronavirus from 3 sides. one shows the syringe of vaccine another shows the mask and another shows the hand sanitizer.” (IDI 06, 50 years actor)

Positive experience of implementers regarding IPT implementation

All the respondent highlighted that they had positive experiences regarding IPT implementation. They have considered IPT implementation successful at the community level. The reasons behind forming a perspective of being successful in implementation was embedded into receiving positive feedback from beneficiaries about the drama and observing positive change in the behavior of community people about COVID-19 and cervical cancer prevention.

Implementers were motivated and satisfied with their work and as they were being able to help the community while conducting IPTs properly.

Fulfilling the aim of IPT implementation

Implementers were aiming to provide COVID-19 prevention and cervical cancer awareness messages to the audience along with entertainment, so that community people can accept the IPT and connect themselves with the messages provided. The aim of the IPT implementers were fulfilled in this context as all of the ten respondents mentioned that they have received positive feedback about the contents and performance of the IPT shows. Implementers realized that people were accepting the messages they were delivering on mask wearing, hand washing, vaccination and cervical cancer. Furthermore, the perception of the respondents about the cause of receiving positive feedback was that the audience were learning about the COVID-19 prevention and cervical cancer through entertainment, thus they were understanding the awareness messages given while enjoying the show. One of the respondents from Maheshkhali mentioned about using element of entertainment for providing messages and stated that,

“...We have comedy in our drama We have two comedians, two people dress up as Covid Virus, we act in a funny way so that people can relate and understand the situation. We try to convince them about corona through entertainment, so they enjoy it and they become interested in watching the drama and at the same time learn about the virus. They also ask us different questions about what to do following the drama, we answer them” (IDI 08, 20 years, actor)

Moreover, there were singing sessions in-between the performance with *Dhol* (local musical instrument like drum) and *Harmonium* (another local musical instrument) in every IPT show to attract the audience and keep their attention. All of the respondents denoted that the songs in the IPT shows were entertaining the audience while providing the necessary messages, there for the messages impacted the audience more. Therefore, the IPT implementers believed that they have been able to fulfill the aim of IPT implementation as they have received positive feedback form the beneficiaries. One of the respondents from Ramu stated that,

“Another thing was that, they gave the message by using songs. People usually love songs very much, there is no one who doesn't love music. Everyone loves listening to songs. So, when the actors are giving the messages through singing, then the audience got attracted more. People

gave more attention to the drama. Thus, people received the message and that's why we liked it very much.....The drama is also showing that when a person is wearing mask and washing hands then the virus is falling on the ground, jumping and dying, people like it very much, that's it" (IDI 01, 26 years, health volunteer)

The dialogues and the songs in the drama were performed in local dialect of Cox's bazar, so that people can understand properly and the contents were culturally appropriate. This aim of the IPT implementation was fulfilled likewise as the respondents felt that audience could grasp the essence of the show accurately due to using local language. Furthermore, the scenes shown in the drama were very similar with the daily activities of an individual living in the study area. The context-based simple scenes about what a household head can do to prevent spread of coronavirus and how his wife also follow those hygiene practices are acted out by the actors. Therefore, audience find those scenes realistic and accepted the messages according to the respondents. One of the respondents from Pmkhali mentioned in this regard that,

"I play the role of a household head in the drama. I act that I am going to a market and I am a careful person. I have met someone on the way and that person is a careless person. He doesn't have mask in his face. Then I tell him that do not go out without the mask..... In the act, I have a wife. I return from the market and tell my wife in the show that take the groceries from a little distance. As I have come from outside and she had been inside, there could be germs in my clothes.I tell her, take care of these groceries, I will go and wash my hands and face with soap.....My wife goes inside and then I wash my hands with soap in front the of the audience. I show the audience how to use the tubewell, how to use the soap, I do all these and show to the audience" (IDI 06, 50 years, actor)

Developing sense of satisfaction by helping people

The IPT implementers found satisfaction in doing their work as they believed they were helping people by disseminating COVID-19 and cervical cancer awareness message. Majority of the respondents denoted that they were able to provide necessary information related to COVID-19 and cervical cancer to the audience through the IPT show. Implementers were able to inform the audience about that COVID-19 is continuing and there is still need for wearing mask, sanitizing hand and taking vaccine can prevent COVID-19. Additionally, their messages through IPT show

were able to remove misconception about COVID-19 vaccination among people and could inform the audience where to go to take the vaccine. A respondent from Moheskhalia mentioned that he was able to help unaware people know about COVID-19 and cervical cancer through the show and he feels good about it.

“When I first started doing this drama, I began to understand many people in our society have no knowledge of this pandemic. But after starting the work, I am feeling good because I am able to explain to them and I am helping people out all the while getting financially successful. I didn't use to do a lot of dramas before since I was a student, but these dramas are something I absolutely love to do and I have been doing them for a year now” (IDI 08, 20 years, actor)

Another respondent from Chakaria additionally mentioned about how the IPT shows are helping less educated rural people through informing them about the COVID-19 prevention measures and how to seek health service for cervical cancer. He said that,

“Actually, people of our villages here are not educated enough. As our villages are lagging behind in the education field, that is why we make them aware through IPT. They become pretty aware after watching the dramas and also make the surrounding people aware.....In this drama, we talk about Corona. We talk about Corona and how to stay protected from corona. We tell in the drama that we should wash our hands frequently with soap; this message is given there. Next is the vaccine, the three-dose vaccine must be completed, and also we should wear a mask.....Cervical cancer is also associated with this. The actors tell the symptoms of cervical cancer directly to the audience and sometimes use music for this. In addition, the test for the diagnosis of cervical cancer is called VIA test; the actors tell them where they can do that test through the drama.” (IDI 10, 30 years, social mobilizer)

Moreover, the participation of large number of respondents in the show ensured the respondents about the effectiveness of their IPT implementation. Therefore, implementers could provide the awareness building messages to large number of people of the society at the same place in a short time. Furthermore, implementers also noticed more participation of women audience in IPT and perceived it as an achievement as there are some areas where conservative Muslim women do

not usually come out of house. Helping these women to increase their knowledge about COVID-19 and cervical cancer prevention added to the sense of satisfaction of the implementers

Observing positive change in behaviors of community people

IPT implementers observed positive change in behavior of community people about COVID-19 and cervical cancer prevention and it steered them towards having positive experiences in IPT implementation. 8 out of 10 respondents denoted that they have observed positive behavior change among community people regarding COVID-19 prevention and cervical cancer awareness after conducting IPTs. Their perception on people receiving the messages from IPT and adopting those in their lifestyle allowed them to believe that they are bringing a positive change in the lives of people and they have derived satisfaction of being successful from this. A respondent from Ramu mentioned about observing change among school students,

“IPT show is affecting the children most, specifically school students. Maximum school and madrashas students do not go to class without mask after watching IPT shows. I have even some students who hadn't wear mask when they went to school, but after watching IPT shows they had started wearing mask when they went to school. Then I understood that if I can aware one person at least then my IPT show is successful” (IDI 02, 35 years, community mobilizer)

Moreover, observing positive change in behavior of women about cervical cancer allowed them to believe they have been doing their work properly. A respondent from Maheshkhali mentioned about women breaking the stigma of talking about cervical cancer contains and IPT being successful at that. He stated that,

“....cervical cancer- many women in rural areas cannot talk about it because of social stigmas.....But after our drama, many women are breaking that stigma and are asking us about the disease, the symptoms and what to do all by themselves. They still ask us a bit privately, but the fact that they gathered the courage to speak up about these issues is an improvement. The rural women speaking up for vaccines and other essential knowledge can be considered a success of the drama we staged” (IDI 08, 20 years, actor)

Increased awareness of the implementers about COVID-19 and cervical cancer

Awareness about COVID-19 and cervical cancer among implementers has increased due to their work in IPT implementation. 4 of 10 respondents highlighted that working in IPT implementation had increased their knowledge about COVID-19. One of the respondents mentioned that learning about the COVID-19 prevention measures through acting in the IPT shows has changed his and his family members behavior regarding it. This has benefitted the actor and his family members in learning about hygiene maintenance. He mentioned that

“After explaining someone about hygiene maintenance, if we don’t follow it, it doesn’t work. By doing the COVID-19 theater, my own environment has changed, it is better than before. I have a daughter and I have wife and two sons also. They come to eat after washing their hands. And if sons come and tell their mother to give them food, then my wife tells them to wash their hands and then come. My wife wear mask if she goes anywhere now. Before she didn’t wear mask or just covered her mouth with her cloth if she sees some man from outside. But now she wears mask” (IDI 06, 50 years, actor)

Challenges faced in IPT implementation

The major challenges that the implementers faced in implementing IPT included resistance faced from the local Muslim conservative people and Muslim religious leaders, implementer being unable to conduct IPTs in hard-to-reach areas in certain occasions, no sitting arrangement for the audience in the IPT conducting site, difficulty in crowd management and short duration of training for the performers.

Lack of acceptance among Muslim conservative people and Muslim religious leaders

Half of the total respondents mentioned that they faced resistance about conducting IPT from Muslim local conservative people and Muslim religious leaders. Their religious beliefs and culture were against playing music with *dhol* and *harmonium* and singing songs in drama. One of the respondents from Ramu mentioned regarding facing this challenge,

“Yes, there was one challenge, the religious view issue. Muslim religious leaders usually don’t like theaters and music. There was a Muslim religious leader (imam) who once came to me and told that you are giving message on COVID-19, that’s good, but you can not play music with dhol and harmonium. So it was a problem” (IDI 05, 41 years, social mobilizer)

Another respondent from Ramu mentioned about facing the same challenge from the Muslim conservative community,

“There are some conservative areas as well. Some of them do not like playing music due to religious grounds. If someone comes to us to speak about this, we politely asked them to watch the show to find out the reason behind using these musicals. But we were refused to stage the drama in some places because of this. In that case, we changed the spot” (IDI 07, 52 years, actor)

Difficulty of conducting IPTs in hard-to-reach areas

There are certain hard-to-reach areas in Cox’s bazar district where IPT implementation was found to be difficult due to transportation issues and weather issues. Two of the respondents mentioned that it was difficult for them to conduct IPT in hard-to-reach areas due to transportation issue and timing of IPT. Respondent from Chakaria mentioned that travelling to remote hilly areas after evening and returning at night was challenging. Furthermore, he considered it a security issue for the field level implementers who return from such areas after the show as the people usually sleep in those areas by 8pm and the roads become deserted. He denoted that,

“Chakaria contains 18 union. So, it is a vast area. So, when we conduct drama in remote and risky areas after maghrib prayer, we face transportation problems when returning. That is why we planned to reduce the number of shows in that area. Those areas are hilly, and after 8 pm, we face transportation problems. Also, most of that area's people prefer sleeping after 8 pm” (IDI 10, 30 years, social mobilizer)

A respondent mentioned about the challenge he and his team faced in rainy season when they had to travel to a remote area by crossing a river in rainy days. Due to rain, the roads became muddy and full of water and they had to cancel the ITP show once,

“We need to cross river to commute here. Although it did not rain much in the rainy season, yet once we selected such a location to stage the drama, that road was muddy and filled with rain water. We had to cancel in that date....Edgarh, Garjonia, Kacchapia... these areas do not have a good commute system, specially in rainy days.” (IDI 07, 52 years, actor)

Lack of sitting arrangements for audience

A large number of people attend each IPT show and two respondents highlighted that audience had to stand during the whole show and watch it in that manner as there is no sitting arrangement maintained by the implementers. One respondent from Chakaria suggested that,

“The audience has to stand and watch our drama. It is better if there is an arrangement for the audience to sit” (IDI 10, 30 years, social mobilizer)

Short duration of training for the actors

The actors were trained about the scenes and dialogues of the show and trainers from BRAC teach them what dialogues to deliver and how to perform for short sessions of 3-5 days. 3 of the 4 actors among the respondents found it difficult to learn everything about the IPT show in such short sessions and believed that it would be better if the training sessions were little longer. One of the respondents from Ramu mentioned that it became difficult for new actors to learn everything about the performance in such short session. He stated that,

“Yes, it is enough but we should be given more training. As everyone's receiving capacity is not equal. Some may face difficulties. That's why we need more days of training. When we were rehearsing the drama, some were facing difficulties initially to cope up and execute. They needed few days to act the drama out properly. Not everyone is an expert. My team members, while I am their team lead, they are performing really well. I have told the authority as well that we need to increase the time duration of rehearsal” (IDI 07, 52 years, actor)

Difficulty in crowd management during the drama

Every respondent mentioned that 150-300 people attend each IPT show irrespective of the place and in some occasion the number of audiences reaches to 500-700. Managing such a large number of audiences in one place became difficult for the implementers. During the incident, audience become disorganized and start showing chaotic behavior. One of the respondents from PMkhali described such an incident. A massive amount of audience was gathered to watch the drama, however, they could not see the stage so they became angry and threw stones at the actors. The respondent mentioned that,

“And there was a little problem once. There is a sheltering project of government in the Khuruskhul. Lots of outsiders are bought there, lots of people. Once we went to do a theater show there. People listened and watched the drama, but there was a massive gathering there. I mean...there were nearly 600-700 people gathered in that place. They jumped on us and they threw stones at us. It was good that we were not hurt... .. Because our stage is very small and we do the IPT in front of a house. In one side of the stage there are woman, in another side there are men, and in another side, there are children. But there was a lot of people and they could not watch the show properly. They try to rearrange themselves and then they threw stones at us while doing that” (IDI 06, actor)

Discussion

This study explored the experience of the “Sustho Thaki” IPT implementers and the success achieved and challenges faced by them during IPT implementation at Cox’s Bazar for building awareness against COVID-19 and cervical cancer. The findings indicated that the implementers overall had a positive experience in planning and executing IPT in the community though they had faced certain challenges. The findings depicted that the positive experience of the implementers was driven by the positive feedback received from the audience about IPT and the implementers observing expected positive change in the behavior of community people regarding hygiene maintenance for COVID-19 prevention and health service seeking for cervical cancer. On the other hand, the challenges IPT implementers faced at Cox’s Bazar were that IPTs were not accepted among the local Muslim conservative community and Muslim religious leaders, difficulty in conducting IPTS in hard-to-reach areas, no sitting arrangement was set for the audience, short duration of training of actors for learning the scenes and dialogues and unpleasing incidents resulting from overcrowding of audience.

Despite the challenges, IPT implementers being able to fulfill their responsibilities of educating people about COVID-19 and cervical cancer through entertainment and being appreciated and respected by community for their work channeled the feeling of positive experience among them. Furthermore, noticing the change in behavior among people that they intended to bring, inspired them to continue their work and improve their performance and formed a sense of satisfaction in them. As IPT shows were implemented to build awareness on COVID-19 prevention and

cervical cancer, thus being involved in works that are designed to help people, it added to the formation of sense of fulfillment among the respondents. Pervez and Samadder (2015) claimed that beneficiaries of BRAC popular theater at Gaibandha, Netrokona, Bagerhat and Patuakhali accepted the messages given on social issues, such as dowry and changed their attitude on the issues. Beneficiaries did not only consider the popular theater a medium of entertainment, they absorbed the what is being shown and acquired the knowledge, which is also resonated in the voices of the implementers of “Sustho Thaki” about their IPT and beneficiaries. However, Rafi and Rahman (2009) argued BRAC popular theater on creating awareness against the injustice toward poor and violence against women were able to educated community people and change their attitude at Kishoreganj and Lalmonirhat, though they did not practice this gained knowledge which is different from the opinion of the implementers of “Sustho Thaki”. Comparison among these two studies revealed that implementers of “Sustho Thaki” noticed that people of the Cox’s Bazar were able to transfer their gained knowledge about COVID-19 prevention and cervical cancer into action. The reason can be that “Sustho Thaki” is being implemented during COVID-19 pandemic and it was focused on disease prevention which can influence people more than the social issues.

In case of IPT being used for health education, studies have been found in other country context. Implementing popular theater to create awareness about AIDS among youth who are out of school of Tanzania were able to achieve its goal though the authors concluded that the information provided on HIV were not updated and relevant to the audience anymore (Mabala & Allen, 2002). However, the implementers of “Sustho Thaki” perceived that the messages provided in the IPT were informative, realistic and consisted of entertaining elements, therefore the beneficiaries could found the messages practical, interesting and easier to adopt in their lifestyle. Rini et al. (2017) likewise found that the knowledge, attitude and behavior on institutional birth, ANC, PNC and exclusive breastfeeding among pregnant mothers improved after implementing popular theater on maternal and child care as they found the theater attractive and understandable. In another study, Asante (2016) claimed that that community theater done for educating people of Oyoko community in the Eastern Region of Ghana about Glucoma was entertaining for audience and content were community specific. Moreover, the theater was able to overcome language barriers and eliminated misconception about glaucoma. The implementers of the “Sustho Thaki” similarly indicated that the drama was performed in local language which

made the messages on mask wearing, handwashing, COVID-19 vaccination, cervical cancer symptoms and health service comprehensible to audience and removed misunderstandings around these issues. Therefore, the findings of this current research revealed that IPT was creating awareness about COVID-19 and cervical cancer prevention among the people of Cox's Bazar. This intervention can be continued as the implementers were able to successfully fulfil their responsibilities and observed that IPT was accepted among the people and the messages provided were practiced among beneficiaries. Moreover, IPTs can be useful to aware people of other parts of the country about COVID-19 prevention and cervical cancer.

The studies of Rafi and Rahman (2009), Pervez and Samadder (2015), Mabala and Allen (2002), Asante (2016) and Rini et al. (2017) investigated impact of popular theater for different health and social issues, though the studies did not find out the barriers of popular theater implementation. However, the implementers of "Sustho Thaki" faced some challenges in implementing IPT at Cox's bazar. One of the major challenges was resistance from the local Muslim conservative people and Muslim religious leaders in conducting IPTs. The literature reviewed for this study did not contain any study that indicated such kind of challenge in popular theater implementation. However, the conservative Muslims portion of the population of Cox's bazar, did not allow singing with musical instruments in their locality during the implementation of "*Sustho thaki*". Playing musical instruments and singing is against the religious beliefs of Muslim conservative people and religious people. Their sense of protecting the integrity of their religious beliefs did not allow them to accept IPTs. On the other hand, songs are very important component of the IPT which disseminates messages through entertainment. In some cases, implementers had to change the place of staging the drama. Therefore, if this challenge is not addresses then the Muslim conservative people of the community will keep excluding themselves from the intervention and deprive themselves form the knowledge of COVID-19 and cervical cancer prevention. Moreover, implementers may not be able to conduct IPTs in the selected places if Muslim religious leaders continue resisting.

The next significant challenge was implementing hard-to-reach areas to conduct IPTs. In hilly remote areas of Ramu and Chakaria, it was difficult to conduct IPT after evening as the actors and other staffs were not finding transportation and were concerned about their security. Moreover, there were some places selected where the implementers had to cross river and during

rainy days the condition of the roads become worse due to extreme rainfall and they could not reach the place. In both scenarios, they had to reduce the number of the show and cancel planned show and as a result people of those hard-to-reach areas were deprived of this intervention. Therefore, this challenge needs to be overcome to ensure that vulnerable communities of hard-to-reach areas are not omitted from the intervention. The findings of this current study have highlighted on this issue which will assist in planning process of conducting IPTs for awareness building on COVID-19 and cervical cancer in remote areas for the next phase of intervention.

Another challenge mentioned by community mobilizer and social mobilizers that there was no sitting arrangement for audience in the drama venue, therefore audience had to stand and watch the show. It not only can cause discomfort for elderly and children but also leads to the problem of overcrowding as the audience stand in disorganized manner to watch the drama. Managing sitting arrangement will not only provide comfort to audience who come to watch the show, it will also control overcrowding and prevent unpleasant event from happening. Additionally, the actors of the IPT revealed that the training duration is short for them to learn the scripts, scenes and dialogues. It would have been easier for them especially for new actors if the training duration was longer and they could practice more. Other studies on IPT which were reviewed to conduct this current study did not highlight challenges similar to these. However, findings on lack of sitting arrangement can help implementers include it in the planning of logistic support to conduct IPT in the next phase of the program.

This study findings will enable the BRAC IPT implementers to focus on the factors that are allowing the beneficiaries to provide positive feedbacks about IPT and motivating them apply the attained knowledge in their lives. Additionally, measures can be taken to eliminate the barriers of implementation found and improve the implementation process in future. Therefore, while planning IPT as SBCC intervention for disease prevention in the future BRAC can incorporate these findings to improve the outcome of the intervention. The limitation of this study is the number of interviews done was less due to time constraint and there was no female respondent found even though data saturation was achieved. Another limitation was that it was not possible to do method triangulation as only IDIs were conducted, though data were collected from participants of different designation to overcome that limitation. Nevertheless, the study

still unfolds experience of IPT of implementers which has not been done before, to best of my knowledge.

Conclusion and Recommendations

The interactive popular theater called “Sustho Thaki” had been functioning as a context appropriate entertainment based medium for providing COVID-19 and cervical cancer prevention knowledge at Cox’s bazar and influencing the community people to change their behavior positively. This study discovered that the IPT implementers are considering IPT implementation successful in the community and they had positive experience in conducting IPT. Furthermore, they had been able to educate people about COVID-19 and cervical cancer through IPT implementation. Therefore, IPT should be continued as a form of SBCC intervention associated with COVID-19 and cervical cancer can work effectively at Cox’s Bazar and other parts of Bangladesh if the challenges found are addressed and the solutions are incorporated in the modified planning of the program.

However, the challenges they faced can be solved by taking some measures. A discussion meeting with the local Muslim religious leaders and local political and social influential people about the IPT show and explaining them about the contents, necessity of songs as a form of entertainment and involving them in place selection prior to conducting IPT can be a solution. Additionally, as the religious leader will be participating in discussion about conducting IPT, they will feel included in the implementation and enable the religious leaders to understand that this drama is being done for the betterment of the society.

On the other hand, the barriers implementers face in conducting IPTs can be overcome by changing the timing for staging the drama or arranging local transportation for them from the implementing organization. If the drama is staged in afternoon rather than evening in those areas, then the actors can return to their home before it’s become too late at night and they will not feel insecure. Another solution can be managing transportation for them which will take the actors to the area with their equipment and stay there till their performance is over and bring them back to their houses after ending of drama. Another issue was with the sitting arrangement of the audience, this should be managed by the logistic division of the implementing organization BRAC. The last challenge was that the actors did not feel that the training duration was enough,

the trainers should consult with the team leaders of drama team about the length of the scripts and dialogues and evaluate them closely during initial days of training to determine if further training is required.

This study will help to overcome the barriers implementer face to conduct IPT and interact with community and strengthen the facilitating factors. Moreover, the findings of this study about implementers perspective can also be used if IPT is planned to used build awareness about COVID-19 and cervical cancer in other places of the country. There is scope for conducting this study in the future with more implementers of diverse responsibilities and explore beneficiaries' perspective on IPT in future to assess the actual effectiveness of IPT on the community.

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Annexes

Annex A: IDI guideline

Respondent's profile	
Interview ID	
Sex	
Age	
Education	
Place of work	

Section A: Responsibility regarding IPT implementation		
No.	Question	Probe
Q1.	What job position do you hold in the BRAC CST project?	
Q2.	How long have you been working in this project as (the position mentioned)?	
Q3.	What are your responsibilities as a (position mentioned) in the BRAC CST project?	<ul style="list-style-type: none"> • Daily activities • Managerial work/ Field work
Q4.	Could you please explain how IPT is conducted?	<ul style="list-style-type: none"> • What is the purpose of the IPT? • Who execute the IPT sessions? • How many sessions have been conducted? • Where IPT sessions are done? • How do local people participate in it? • What messages the IPTs are intending to provide regarding COVID-19 prevention?
Q5.	What are your specific responsibilities related to IPT implementation?	
Q6.	Have you received any training specifically for IPT implementation?	<ul style="list-style-type: none"> • If yes, then, what were the topics covered, how many training sessions were there and what was the training duration?
Q7.	How your work in IPT implementation activities are supervised?	<ul style="list-style-type: none"> • Who directly supervise the work? • Who are in your team? • Any pre and post IPT session meeting for preparation and feedback
Section B: Experience of the respondent in IPT implementation		
Q1.	What is your overall experience of working in this IPT component of the project?	<ul style="list-style-type: none"> • If positive, what are the positive things? • If negative, what are the negative things? • Example of best and worst experience

		<ul style="list-style-type: none"> • How is your experience of working with colleagues and supervisors?
Q2.	How working in this IPT implementation has been impacting your COVID-19 prevention knowledge and practice?	<ul style="list-style-type: none"> • Any example of change in COVID-19 prevention perspective after starting to work in IPT • Has it increased your knowledge on COVID-19 prevention? <ul style="list-style-type: none"> o If yes, how? • Has it changed your perception on the COVID-19 vulnerability of the local community of Cox's bazar? <ul style="list-style-type: none"> o If yes, how?
Q3.	What is your experience of interacting with local people during IPT sessions?	<ul style="list-style-type: none"> • What kind of response/feedback you have received from the local people about IPT?
Q4.	How will you evaluate your performance/activity in IPT implementation?	<ul style="list-style-type: none"> • Why?
Section C: Respondent's perception of success in IPT implementation		
Q1.	How successful/effective do you think IPT implementation has been in this community?	<ul style="list-style-type: none"> • Example- any success story • What were the factors that helped to achieve those successes?
Q2.	According to you, what is it about IPT that is motivating people to practice COVID-19 preventive behaviour in their lives?	<ul style="list-style-type: none"> • Example • How?
Q3.	Have you noticed any change in behaviour among IPT beneficiaries?	<ul style="list-style-type: none"> • If yes, what changes? <ul style="list-style-type: none"> o Any change related with COVID-19 prevention • If no, why not?
Section D: Challenges faced by respondent for IPT implementation		
Q1.	Do you think there is any challenge in implementing IPT in this community?	<ul style="list-style-type: none"> • If yes, then, what were those? – Examples from own experience

		<ul style="list-style-type: none"> ● What are the factors do you think are responsible for raising those challenges? ● Have you been able to overcome those? <ul style="list-style-type: none"> ○ If, yes, how? ○ If no, why not?
Q2.	Do you think your team has faced any challenge while organizing and performing IPT sessions?	<ul style="list-style-type: none"> ● Organizational level challenges, site selection or logistics challenge, challenge with involving people ● What are the factors do you think are responsible for raising those challenges? ● Have your team been able to overcome those? <ul style="list-style-type: none"> ○ If, yes, how? ○ If no, why not?
Q3.	Do you think your team has faced any challenge in engaging the community people in IPT?	<ul style="list-style-type: none"> ● Do you think community people are facing any issue for participating in IPT sessions? ● Do you think the messages provided for COVID-19 prevention are understandable for them? ● Is there any plan made to overcome those challenges?
Section E: Recommendations		
Q1.	Do you think implementing IPT sessions for COVID-19 prevention in other parts of Bangladesh will be possible?	<ul style="list-style-type: none"> ● If yes, why? ● If no, why not?
Q2.	What are your recommendations to improve the IPT implementation?	<ul style="list-style-type: none"> ● What changes are needed? ● How can you contribute to that? ● How the team can improve? ● How community engagement can be more effective?

Annex B: Codebook

Codes	Definition	Sub-codes	Definition
Description of IPT		IPT organization	Any mention of how IPT sessions are planned in managerial level, how it is organized through collaboration, how it is executed at field level, how the place for IPT is selected and how community people are invited
		IPT feature	Any mention of the contents showed in the drama including the scripts, scenes, characters and dialogues messages given, and the setting of the IPT
		Implementer's responsibility regarding IPT	Any specific activities or responsibilities of respondent related to IPT implementation only
Positive experience	Any event or example of IPT implementation in the community that is described as good or positive experience by the respondent or experiencing encouraging events including receiving respect from community and achieving expected outcome in IPT implementation that creates positive feeling about doing work in the respondent	Positive Feedback from audience/beneficiary	Any good reaction or positive response of the beneficiaries regarding any aspect of IPT received by the respondent
		Positive behavior changes in people from implementors' perceptions	Any positive change among beneficiaries regarding mask wearing, hand washing and taking vaccine perceived by the respondent

		Implementer's learning from IPT	Any fact that the respondent learned about COVID-19 or cervical cancer through IPT or any positive change in behavior or practice that respondent and his/her family members adopted after learning something from IPT
Negative experience	Any kind of challenge or barrier that the respondent faced in planning, designing, site selection and logistics management and community engagement of IPT or any kind of event that created negative feeling in the respondent	Logistical challenge	Any challenge faced by the respondent in IPT implementation regarding place selection, transportation, timing of IPT implementation, duration of the drama and sitting arrangement of audience
		Lack of acceptance among conservative people and religious leaders	Resistant faced by the respondent from the local religious leaders or local conservative people in terms of implementing IPT
		Audience management challenge	Any difficulty faced by the respondent in terms of managing crowd of audience
Facilitating factors of IPT	Perception of respondent on the factors behind the effectiveness of IPT in providing the messages and building awareness in the community	Informative	Any information provided through the IPT on COVID-19 prevention and cervical cancer that the respondent perceived to be new or useful or effective for the beneficiaries and the reasons behind it
		Realistic	Any part of the IPT that the respondent perceived as practical to explain beneficiaries about COVID-19 and cervical better and relatable to the beneficiaries with their daily lives
		Element of entertainment	The elements in IPT performance which were considered entertaining for beneficiaries
		Use of local language	Any mention of using local language by the actors while performing IPT
		Participation of people	Any mention of the number and type of people attending in IPT shows and their participation in organizing IPT

			and in feedback session and the reason behind it from respondent's perception
Recommendation	Any suggestion or advice given by the respondent from his/her own perception to improve implementation of IPT	Recommendation from managerial stuffs	Any suggestion or advice given by the managerial stuffs to improve implementation of IPT
		Recommendations from actors	Any suggestion or advice given by the actors who perform in IPT shows from his/her own perception to improve implementation of IPT

Annex C: Data display matrix

Interview ID	Designation	Place	Description of IPT	Positive experience	Challenges faced	Facilitating factors
01	Health volunteer	Ramu	<p>IPT organization: Conducted union-wise in such a place where everyone from different place can come to watch</p> <p>IPT feature: IPT drama practically shows how two actors acting as coronavirus attacks a person without mask; Respondent give messages to audience about mask wearing, vaccinating and hand washing after the show; Respondent also tell audience about BRAC vaccination activities</p> <p>Implementer's responsibility: Distributing mask during IPT; conducting explanation and feedback session after the show</p>	<p>Positive feedback: Beneficiaries requested to do more shows with longer duration; respondent felt beneficiaries recognize and honor him and his work</p> <p>Positive behavior change: Respondent noticed more community people wearing mask during work, specifically students and literate people; He saw one day that a person washed hands on happy tap on his own</p> <p>Learning from IPT: Respondent does not memorize what to say about COVID-19, he watches the show, learn from the performance of actors and explain to the people</p>	<p>Logistical challenge: Lack of acceptance: Audience management challenge: How overcame:</p>	<p>Informative: Informs audience through acting how coronavirus enters into the body, can infect the person without mask and mask wearing and handwashing can prevent COVID-19 by killing coronavirus; people learning about handwashing from IPT like drama shown through CDs</p> <p>Realistic: Respondent believed that Seeing coronavirus and prevention measures practically helped to set up the mind of beneficiaries after learning the theory; Respondent also told people that washing hands will protect form other diseases and wearing mask will protect form dust along with corona virus</p> <p>Element of entertainment: Respondent mentioned that messages on</p>

						<p>COVID-19 were given through songs with music and so the audience were attracted to show more and were more attentive; The drama showed that the actors acting as coronavirus fall on the ground and died because people are wearing masks and washed hands with soap, respondent felt that audience liked the performance very much; Respondent mentioned that IPT was entertaining for both men and women as they could see messages practically</p> <p>Use of local language:</p> <p>Participation of people: Nearly 500 people watch one IPT show; Respondent found that when people hear that drama is organized by BRAC, then they participate more</p>
02	Community mobilizer	Ramu	IPT organization: A day before IPT show the actors announce about the show in the area or the	Positive feedback: Beneficiaries understood the messages provided on hygiene maintenance;	Logistical challenge: No scope for audience to sit in IPT	Informative: Actors practically showing how coronavirus can infect is impacting

		<p>CMs communicate with a village member the area to circulate the news; IPT is conducted in densely populated area with higher number of households</p> <p>IPT feature: Messages are given to the audience about what is corona and how does it spread, how does this virus get into family from outside ; and how to protect oneself, one's family and society from corona; Conducted in a densely populated area;</p> <p>Implementer's responsibility: Monitoring of the presence of actors; monitoring the messages provided in the show and the feedback session; monitoring mask distribution activities</p>	<p>beneficiaries suggested to do more shows during winter; beneficiaries wanted to act in the show to make their female family members and neighbors more aware, though didn't act when offered; respondent received good responses from beneficiaries about liking the drama</p> <p>Positive behavior change: Respondent noticed that maximum school students of that area started wearing masks while going to school after IPT</p> <p>Learning from IPT: Learned to focus on how to stay protected from COVID sue to practically seeing virus in IPTS</p>	<p>Lack of acceptance: Few conservative local people did not like that the outsiders performed in front of their female family members and was against of conducting IPTS; Very religious people did not like IPTs at the beginning</p> <p>Audience management challenge:</p> <p>How overcame: Respondent sit together with them in a tea stall and explain them the purpose and activities of IPT show; audience bring mat from house to sit</p>	<p>audience like TV shows and informing audience about how to protect themselves from COVID-19; Audience response more when they understand the drama will provide information for the betterment of their health</p> <p>Realistic: Respondent believed that showing COVID-19 prevention messages through gestures and acting is more practical than providing verbal messages with bookish knowledge;</p> <p>Element of entertainment: Respondent mentioned that people love entertainment and IPT is a part of entertainment as there were songs with dhol and harmonium; IPT works like TV so audience catches it more</p> <p>Use of local language: Actors are local and use local dialect in whole show for better</p>
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						<p>understanding of audience</p> <p>Participation of people: Nearly 200-300 people, mostly elderly and students attend one IPT show and then it become easier for the respondent to disseminate the COVID-19 messages to a large number of people together; An audience who understand the messages well and speaks better is called in the feedback session to explain the COVID-19 messages to the person who understood less; Some audience wanted to perform the show for better understanding of their family members and close neighbors</p>
03	Volunteer coordinator	Kutubdia	<p>IPT organization: IPT is conducted in each of 6 unions from 7pm to 8pm in areas where at least 25-30 families live; The organization called SELF to stage the drama and BRAC CST finances; The authorities inform the team leader about the</p>	<p>Positive feedback: Beneficiaries liked the drama and asked whether it will be held in other places too to watch it again</p> <p>Positive behavior change: Respondent noticed that people became curious about cervical cancer and COVID-19 vaccine after</p>	<p>Logistical challenge: The actors do not put on attractive dressup or paint their face according to their roles like Jatrapala to attract audience; They act wearing plain clothes; Actors tell that they are not instructed to do</p>	<p>Informative: Scenes in IPT include a person going for attending a folk song event and washing hand properly before going for 20 seconds, wore mask before going out and message were given about washing</p>

			<p>schedule of drama team and he roams around to select the place from drama</p> <p>IPT feature: SELF train the local actors first; Actors and the VCs do the announcement beforehand for IPT; IPT shows are conducted at 7pm; In the drama based on COVID-19, actors act as coronavirus to make audience believe coronavirus still exist; Messages are given on importance of wearing mask and getting vaccinated; A box of vaccine and vaccine holder is shown; information about surokkha app is given to audience; Audience opinion is taken and information about cervical cancer are also given</p> <p>Implementer's responsibility: Attending meetings; monitoring; taking feedback from community people</p>	<p>watching IPT, they started asking question to actors and other staffs; Respondent noticed people now wash hands before entering in the shop</p> <p>Learning from IPT:</p>	<p>dressup and make like that and cannot bear the cost</p> <p>Lack of acceptance: Hujurs were not letting respondent's team to stage drama, they were calling it hindu culture</p> <p>Audience management challenge:</p> <p>How overcame: Local village member convinced the hujurs</p>	<p>hands after returning, which community people can relate with event of their life</p> <p>Element of entertainment:</p> <p>Use of local language: Local language is used in the drama so that audience don't face any problem understanding it</p> <p>Participation of people: Nearly 200-300 attend one IPT show, even women from very conservative household come to watch the show</p>
04	Health volunteer	Kutubdia	<p>IPT organization:</p> <p>IPT feature:</p>	<p>Positive feedback: Respondent feel that people are liking I the show,</p>	<p>Logistical challenge:</p> <p>Lack of acceptance:</p>	<p>Informative:</p> <p>Realistic:</p>

			<p>Implementer's responsibility: Assist the drama team if requires; distribute masks among audience during drama; announce about drama</p>	<p>respecting the staffs and taking the awareness messages seriously; After the drama the audience applauds; Positive behavior change: Learning from IPT:</p>	<p>Audience management challenge: How overcame:</p>	<p>Element of entertainment: IPT to try make audience understand by comic scenes and dialogues; Use of local language: Participation of people: Mostly women attend the IPT show as they can sit and watch together, men watch when it is held near shops; children also watch the drama</p>
05	Social mobilizer	Ramu	<p>IPT organization: A house yard with many houses around is selected by the leader of Polli somaj to conduct the IPT; members of Polli somaj are notified earlies to spread the news of IPT IPT feature: IPTs provide messages on hand washing, hand sanitizing, mask wearing, social distancing and cervical cancer Implementer's responsibility: Arranging the place to stage the drama, communicate with involved people through meeting</p>	<p>Positive feedback: Beneficiaries like the show and called them after the show to know about the health services provided on COVID-19 and cervical cancer Positive behavior change: Respondent found that audience started believing corona still exist after watching the IPT Learning from IPT:</p>	<p>Logistical challenge: Lack of acceptance: Religious leaders did not like the idea of theater and music; One day an Imam told the respondent that the messages on COVID-19 can be disseminated but the music with dhol and harmonium cannot be played there Audience management challenge: How overcame: Respondent explained to them that they were not promoting drama or music, they were giving messages on COVID-19 prevention</p>	<p>Informative: IPT inform women more about COVID-19 and cervical cancer; Illiterate people can understand the messages provided through acting and songs; People of remote area without mobile or tv enjoy and learn more from IPT Realistic: Respondent found that two actors dresses up like corona virus very nicely, put on good make up and acted so properly about attacking people that the audience felt like it was true</p>

						<p>Element of entertainment: Songs are used to give messages on COVID-19 and cervical cancer with music played by dhol and harmonium which entertains people; Actors delivered dialogue properly and performed very nicely which attracted the audience, respondent is amazed at the actors' skill and dedication</p> <p>Use of local language: Theaters are done in local language</p> <p>Participation of people: Nearly 300 people attend one IPT show; People provide electricity free of cost for the lighting of the IPT stage; Respondent and his team discussed with local members, household and shopkeepers before staging the show</p>
06	Actor (team leader)	Pmkhali (Cox's Bazar sadar)	<p>IPT organization: Trainer train for 3 days and then premier show of IPT is conducted; after premier show field implementation starts</p>	<p>Positive feedback: Beneficiaries responded that they loved watching the show as they learned new things about COVID-19 and mostly</p>	<p>Logistical challenge: Landlord of the house where IPT show was held was not contacted and after the show the landlord prohibited to</p>	<p>Informative: Colorful festoons with COVID-19 and cervical cancer symptoms and preventions messages are shown in the IPT;</p>

			<p>IPT feature: Respondent mentioned that as a team leader he chose the household of his known area to stage IPT; Sometimes authorities inform him where to conduct and he communicate with the household</p> <p>Implementer's responsibility: Act in the show; team leader; find and select place for drama; monitoring drama preparation</p>	<p>about cervical cancer; beneficiaries replied in the feedback session that the drama was beneficial and can make people aware about corona; female audience gave more positive feedback for the information provided on cervical cancer; beneficiaries agree with respondent when he gives messages on corona;</p> <p>Positive behavior change:</p> <p>Learning from IPT: Respondent himself and his family members have changed their hygiene practices after working in IPTs; Respondent, his wife and children frequently wash hands after coming home from outsides and before eating or cooking, responden'ts wife wears mask whenever she goes out now, which she didn't do before</p>	<p>do any more shows in that house anymore; Respondent feels that it is very difficult to learn whole drama in 3 days</p> <p>Lack of acceptance:</p> <p>Audience management challenge: Overcrowding of audience in a show led to chaos as few audiences who were from outside of the area threw stones at the actors; because they could not see properly what was happening at the stage placed at far</p> <p>How overcame: Respondent said sorry to the landlord and told that he was not aware; respondent and team explained their purpose of IPT a to the audience; the elderlies in the audience rebuked those people who threw tones and controlled situation</p>	<p>Informs audience that vaccination, mask wearing and hand sanitizing can kill coronavirus through acting; Actors inform audience about the importance about hygiene maintenance and handwashing; Inform audience about taking third dose of COVID-19 vaccine by 2022</p> <p>Realistic: Respondent acts as a regular village person going to market and telling his wife how to maintain hygiene and practicing handwashing and face washing with soap after coming home, also shows how to use tube well during handwashing with soap, these things happen in the daily lives of audience; Respondent believes that IPT is giving messages about true ongoing events as corona and cervical cancer, so people are eager to hear</p> <p>Element of entertainment: There</p>
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						<p>are actors in IPT who act as walking talking virus and pretend to attack people; Respondent mentioned that people liked the performance very much; there was 4-5 songs at different phase of drama with dhol and harmonium which attracted audience Use of local language: Actors use local language used in villages so that audience can understand better Participation of people: Respondent mentioned that people of one household deliver the news of when and where IPT show will be held to other household; women attend the shows more</p>
07	Actor	Ramu	<p>IPT organization: The leader of Polli somaj is informed first about the drama; She helps to locate the house to the yard to conduct IPT; Planning are made targeting women audience mostly; the team</p>	<p>Positive feedback: Respondent noticed that audience make clip of their drama and shared in social media; Some people reach the team and shoe how their children now washing hands after watching the drama; In the feedback</p>	<p>Logistical challenge: There is no sound system; Respondent feel 5-6 days training is not enough as everyone does not have the same capacity of learning; Commuting is difficult with the equipment in</p>	<p>Informative: Realistic: Respondent act as the head of house going to market and on the way he met a person without mask; He convince the person that OCVID-19 is till existing and he need to</p>

			<p>perform the drama in an area where there is at least 50 households</p> <p>IPT feature: <i>Sustho thaki</i> drama provide messages on COVID-19 prevention including handwashing and sanitizing; Dramas are done in crowded place; Feedback session are held</p> <p>Implementer's responsibility: Act in the drama; inform everyone and hold team meeting in house; setting up stage</p>	<p>session audience reply with enthusiasm that they have learned 20 seconds rule of hand washing; Women are more interested in watching drama</p> <p>Positive behavior change: Respondent believes that their area has progressed a lot in maintaining cleanliness and maintain hygiene of children; Respondent noticed that school children from class 3-5 can speak about COVID-19 preventions proeprly</p> <p>Learning from IPT:</p>	<p>rainy days or when the team needs to cross the river;</p> <p>Lack of acceptance:</p> <p>Audience management challenge: Some local conservative people did not allow to play music and made the team change spots for conducting drama</p> <p>How overcame:</p>	<p>wear mask and buy him one; Audience could understand going to market is a daily activity of their life and they need to wear mask to protect themselves from coronavirus</p> <p>Element of entertainment: Musicals are done to attract audience; Some funny dialogues and sad scenes are added in the show and two actors make both audience laugh and cry to keep the attention of the audience;</p> <p>Use of local language: Chatgaiya language is used</p> <p>Participation of people: 200-500 audience watch one IPT show; Female village members attend the IPT; Village heads are interested and they help the team to select place and notify people;</p>
08	Actor	Maheshkhali	<p>IPT organization: IPTs are done in rural areas in house with space or large veranda where female and family members can</p>	<p>Positive feedback: Respondent felt beneficiaries respected him for his work an d his identity of being a BRAC</p>	<p>Logistical challenge:</p> <p>Lack of acceptance:</p> <p>Audience management challenge:</p> <p>How overcame:</p>	<p>Informative: Inform audience about what is corona and corona is still existing; Inform about importance of</p>

			<p>sit together to watch the show and stage can be made properly; permission is taken beforehand; HNPP supervised <i>sustho thaki</i> and provided masks for distribution</p> <p>IPT feature: Respondent mentioned that drama is started with songs and finished with songs</p> <p>Implementer's responsibility: Act in the drama; setting up satge</p>	<p>employee; he was motivated with beneficiaries' positive feedback on IPT and hospitality; Beneficiaries responded that they liked the comedic style of the drama; beneficiaries inquired about COVID-19 third boosted dose of vaccine and usefulness of wearing mask and asked when and where to wear it; respondent liked acting in dramas because he could help people by providing information which they didn't know and received some financial support</p> <p>Positive behavior change: Respondent talked with people living in remote areas and found that people have become curious about vaccine about which they did not know before; Female audience are asking to actors for information on symptoms and health service of cervical cancer instead of social stigma; Audience accepted distributed masks from the actors during show and promised to use masks</p>		<p>mask wearing, hygiene maintenance and taking third dose of COVID-19 vaccine; Clarify to illiterate and elderly that there is nothing to fear about taking third dose ; Inform female audience where to seek help for cervical cancer</p> <p>Realistic: Element of entertainment: Respondent mentioned that, IPT drama has comedy as two comedians act as live coronavirus and people enjoy it; Actors act in a funny way to so that audience can understand better and learn with the entertainment; Respondent believes that people do not pay attention microphone announcement about COVID-19, they love to watch the drama as it is entertaining</p> <p>Use of local language: Participation of people: Nearly 100-200 people attend one IPT show, elderly and</p>
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				Learning from IPT: Respondent knew about coronavirus from before, through the training and drama aware him more		female audience are more as they stay in the household
09	Actor	Chakoria	<p>IPT organization: Respondent as the team leader receives a letter from office about which day and where to perform the drama; He communicated with the heads of the villages to get permission; The place for conducting IPT is selected at the morning of the staging of drama; Then actors tell the topic of the drama to the people and invite them to attend, specially women; IPT is arranged after Magrib so that women can finish cooking and then attend the show</p> <p>IPT feature: Two people dress up as corona and act as they are attacking a careless person who doesn't wear mask or wash hands or didn't take vaccine; Conversation among two individuals is shown about COVID-19 preventive measures; messages on mask</p>	<p>Positive feedback: Respondent mentioned that large number of audiences attend their show and they enjoy and become very happy after watching the IPT; Respondent believed that audience were entertained and thought the drama was good as they said that they have learned a lot and the drama should have been longer; Audience demand for more songs after the ending of the show</p> <p>Positive behavior change: Women became more curious and aware about COVID-19 and cervical cancer after watching the show; they ask questions to the actors about COVID-19 and cervical cancer</p> <p>Learning from IPT:</p>	<p>Logistical challenge: Training duration is short for people who have joined the drama team new</p> <p>Lack of acceptance: Local Muslim conservative people do not allow them to stage drama because of the musical instrument they sing; Respondents have to stage drama somewhere else due to this resistance; Community people respect Moulanas of the society and they do not allow to conduct IPT in the locality</p> <p>Audience management challenge: How overcame: They do not conduct the show in the selected place; they conduct the show in other place, the place which local conservative community</p>	<p>Informative: Poor village people are getting information on where to get free treatment for COVID-19 and cervical cancer</p> <p>Realistic: Scenes are shown about attending a singing event which focuses on COVID-19 prevention, this is the situation where audience can find themselves exactly at the moment, they were attending the show</p> <p>Element of entertainment: Actors who act as coronavirus sings song about infecting people; It is shown that after wearing mask, washing or sanitizing hands and taking vaccine the viruses can not attack a person anymore and they sing about it; Songs are also used to describe e about</p>

			wearing, hand washing, COVID-19 vaccination and cervical cancer are given through songs; feedback session are arranged and the audience are told to disseminate the message to the family members and neighbors, specially women Implementer's responsibility: Act in the drama, work as team leader		people have selected for them	symptoms and treatment about cervical cancer; They sing 6 songs in total with music playing through local musical instruments Use of local language: Language used in villages are used in the drama Participation of people:
10	Social mobilizer	Chakoria	IPT organization: Drama is planned and then contact number of 2-3 households are collected; they are contacted 2-3 days before and after that IPT is staged after maghrib on the selected household; Actors and leader of Palli samaj spread the news of IPTs IPT feature: Implementer's responsibility: Visiting drama places; ensuring messages are delivered to the audience; taking feedback from the audience; giving actors transportation and other costs	Positive feedback: Respondent received more positive feedback on cervical cancer Positive behavior change: Respondent noticed that People became curious about second or booster dose of COVID-19 vaccine Learning from IPT:	Logistical challenge: In rural remote areas, doing IPT after maghrib and returning after 8pm causes transportation problems for actors; respondent consider returning through hilly areas after 8pm risky; so, reduced the number of shows in remote areas; no sitting arrangement for audience in IPT shows Lack of acceptance: Few local conservative people did not accept doing drama after maghrib; they said unnecessary noise cannot be made by singing songs and dhol	Informative: Inform the less educated audience from villages about corona and how to stay protected by wearing mask, washing hands and taking vaccines; Inform female especially poor illiterate female audience of village about the symptoms of cervical cancer and where to go for diagnosis and treatment; Realistic: Element of entertainment: Actors provide COVID-19 message through their acting and live performances.

					<p>Audience management challenge: Faced shortage of mask during mask distribution due to overcrowding of 700 people to watch IPT</p> <p>How overcame: Respondent invited the local conservative to see the drama first and then decide, they agreed after watching the show</p>	<p>Respondent believes that making posters or leaflets about this do not work as drama because most people avoid these.</p> <p>Use of local language: Training is done in local language and actors perform by using that language</p> <p>Participation of people: 150-600 people attend to watch one IPT show and audience are mostly women as they stay home; People share their earned knowledge with the actors and the team</p>
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