BCCP recognizes technical and financial support from GoB, USAID, JHSPH, BKMI IGTC, WB, NHSDP, fhi360 and WLF for accomplishing current programs.
Our Vision
Empower people through strategic communication to build a just, healthy, enlightened, poverty and exploitation free society.

Our Mission
Our mission is to become a premier organization in Bangladesh and a key agency in the region for strategic communication, using global and local partnerships to help expand its impact and effectiveness.

Our Values
- Innovation
- Empowerment
- Comprehensiveness
Message from the Director

Since its inception in 1996, the Bangladesh Center for Communication Programs (BCCP) has built up a reputation as a one-stop service center in strategic communication that is second to none in Bangladesh. BCCP tirelessly takes up new challenges and applies proven result-oriented interventions that are effective in bringing about positive social change. Its continuous innovations in communication strategies sets the standard for younger organizations.

As successor to the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (JHU.CCP), Baltimore, USA, BCCP makes a difference by employing strategic communication in its many interventions in the development sectors, including health, education, agriculture, local government and even knowledge management. Operating in all corners of the country with its unique set of skills, approaches and expertise, BCCP has emerged as a communication leader in strategy development, brand building, campaign, advocacy, community mobilization and program communication.

Supporting the Government of Bangladesh in positioning the national ID system through the Identification System for Enhancing Access to Services (IDEA) Project and in undertaking BCC and knowledge management interventions for Bangladesh Knowledge Management Initiative (BKMI); working to promote optimal healthy behavior for the NGO Health Service Delivery Project (NHSDP), USAID’s largest investment in the health sector of Bangladesh; and implementing the Tobacco Control Research Network Program with funding from the Bloomberg Family Foundation, Inc. through the Johns Hopkins Bloomberg School of Public Health (JHSPH), Baltimore, USA are just a few examples of BCCP’s scope of work.

This year BCCP was honored with two international awards for its integrity, innovation and leadership and for its outstanding commitment and results in devising quality management strategies. This feat was achieved with the help of a dedicated team of experts whose experience and contribution are crucial to its many successes, and the support of the Government of Bangladesh and all its local and global development partners. Also, the Executive Board of BCCP is an integral part of its journey towards sustainability.

Mohammad Shahjahan
Director & CEO
Cutting Edge Technical Expertise of BCCP

BCCP has steadily gone from strength to strength, maintaining its leading position in cutting edge technical expertise in the following areas:

- Developing and implementing strategic communication plans
- Designing and implementing mass media campaigns
- Developing community based interventions for social mobilization, mainstreaming of issues and policy interventions
- Policy and media advocacy from local to national levels
- Designing communication tools/materials combining creative ideas
- Creating and delivering enter-educate programs
- BCC capacity building of institutions and individuals
- Undertaking formative and evaluative research
- Facilitating collaboration among public, private and NGO sectors
- Leveraging resources to extend the reach of programs
The Executive Board of BCCP

It is now a well-established fact that strategic communication is a key factor for the success of any development program. Therefore, from the beginning, all of BCCP’s endeavors centered round applying the scientifically proven processes and principles of strategic communication in designing, implementing, monitoring and evaluating program interventions. Over the years, BCCP strictly pursued a ‘No Compromise with Quality’ policy that resulted in building a solid image of the organization among all concerned, including the stakeholders. Consistently following the policy of adding at least ‘one per cent plus’ in all its deliverables, focusing on maintenance of quality and timeline, BCCP could attain a respectable position with due recognition. Winning of a couple of international awards for quality work in recent times is a testimony of this fact.

Achieving this status was possible as BCCP received required guidance and support from its very capable, efficient and proactive Executive Board. Comprised of an eminent educationist, a renowned gender and reproductive health and family planning program specialist, a distinguished social development specialist, a communication specialist, and a renowned chartered accountant, the Board meets regularly to review BCCP’s overall performances and provides appropriate guidance for taking up programs and initiatives that meet the objectives of the organization. In all important decision making, Mr. Syed Fazle Ali, Treasurer, Mrs. Gule Afruz Mahbub, Member and Mrs. Mahmuda Chowdhury, Member of the Board have played a crucial role.

Operating from its own premises, BCCP has moved one step forward towards attaining sustainability. It now looks forward to strengthening its position further, which will allow it to expand its role beyond the country in offering technical assistance in communication programs. For coming to this stage, it owes immensely to all the dedicated staff members of the organization, the respected Members of the Executive Board and especially to the President of the Executive Board, Dr. A. Majeed Khan, whose wisdom, experience, expertise and leadership were vital in navigating the organization on its forward march to pursue its mission and vision.
Composition of BCCP’s Executive Board

Dr. A. Majeed Khan
President
Eminent Educationist

Mr. Syed Fazle Ali
Treasurer
Renowned Chartered Accountant

Mrs. Gule Afruz Mahbub
Member
Renowned Gender and Reproductive Health and Family Planning Program Specialist

Mrs. Mahmuda Chowdhury
Member
Social Development Specialist

Mr. Mohammad Shahjahan
Member-Secretary
Communication Specialist
BCCP’s Senior Professionals and Expertise

Mohammad Shahjahan  
Director & CEO  
Communication policy, strategic design and management

Yasmin Khan  
Program Director  
Program planning, campaign, message and material development

Md. Mosthaerul Haque  
Joint Director (Corporate)  
Corporate affairs, program management

A.K. Shafigur Rahman  
Joint Director (Development)  
Program and organizational development and capacity building

Dr. Nazrul Haque  
Senior Deputy Director  
Program implementation, emerging and re-emerging diseases

Khadija Bilkis  
Senior Deputy Director  
Community mobilization, program management and implementation

Dr. Zeena Sultana  
Senior Deputy Director  
Advocacy and SBCC program management and implementation

Mohammad Yousuf  
Senior Deputy Director (F&A)  
Financial and accounts management

Dr. Md. Shahidul Alam  
Deputy Director  
Capacity building, project implementation

Jahangir Hossain Sharif  
Deputy Director (Business Development)  
Program conceptualization, coordination and proposal development

Kapil Ahmed  
Assistant Director (Research)  
Formative, mid-term and evaluative research

Kanta Devi  
Assistant Director  
Communication, documentation and program development

Biman Barua Chowdhury  
Assistant Director  
Program support, logistics and maintenance

Maloy Biswas  
Assistant Director (Contract & Audit)  
Contracting, accounting and auditing

Ahsan Ullah  
Assistant Director (Finance)  
Accounting and reporting to NGOAB

Meher Afroz  
Assistant Director  
Implementation of SBCC

Mansur Ahmed  
Business Development & Management Specialist  
Program Management and Coordination

Tofail Md. Alamgir Azad  
Senior Communication Specialist  
Management of Programs

Mohiuddin Ahmed  
Senior Communication Specialist  
Management of Programs

Md. Mamunur Rashid  
Senior Communication Specialist  
Management of Programs
Bangladesh Knowledge Management Initiative -
A Unique Approach to Health, Population and Nutrition

The Bangladesh Knowledge Management Initiative (BKMI) supports the Government of Bangladesh (GoB), USAID implementing partners, and other stakeholders to create consistent, coordinated, effective and evidence-based social and behavior change communication (SBCC) to improve the health and wellbeing of the people of Bangladesh. BKMI seeks to strengthen SBCC and knowledge management (KM) initiatives through capacity building, coordination, innovations, strong partnerships, state-of-the-art technology, and a sustainable approach.

Financed by USAID, BKMI is implemented by the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (JHU.CCP), in partnership with the Ministry of Health and Family Welfare (MoHFW) and the Bangladesh Center for Communication Programs (BCCP).

The key objectives of this initiative were to increase the capacity of the Government of Bangladesh and its partners for coordinated knowledge management, SBCC and health, population and nutrition (HPN) integration; increase access to integrated, coordinated and harmonized HPN BCC knowledge and resources; leverage eHealth opportunities to increase comprehension of integrated, coordinated and harmonized HPN BCC knowledge and resources; and also to increase application of coordinated HPN SBCC knowledge and resources.

The core focus of BKMI is SBCC capacity enhancement, knowledge management, and promotion of coordination among all relevant stakeholders. BKMI facilitates knowledge acquisition, synthesis, and sharing among key stakeholders, including health care providers, health program managers and behavior change agents; brings the latest know-how of key KM and SBCC tools and technological innovations to Bangladesh; and develops the capacity of the MoHFW and other partners to use these tools and techniques for improved health outcomes.
Strengthening Capacity

BKMI aims to strengthen the capacity of MoHFW and its partners for evidence-based, coordinated, integrated and harmonized BCC. Last year, the key focus was on strengthening the capacity of the three communication units of MoHFW (Institute of Public Health Nutrition-IPHN and Bureau of Health Education-BHE of DGHS, and Information, Education and Motivation-IEM of DGFP) for BKMI.

Advisors were embedded within IPHN, BHE and IEM, and a two-pronged approach was adopted, which included building capacity through attending formal training courses, workshops and conferences; as well as providing informal hands-on orientation, day-to-day technical assistance (TA) and mentoring. The major training programs and workshops organized included message & material design workshop; strategic communication workshop; training on BCC & KM; BCC activities monitoring and evaluation workshop. Need-based TA was also provided to build capacity around KM, social media, communication strategy development, SBCC campaign design and other identified areas.

The post-assessment results show a positive change in understanding and acknowledging the importance of following a scientific process while designing SBCC campaigns, messages and materials.

Developing Digital Resources

BKMI worked with MoHFW to develop the HPN BCC eToolkit and eight eLearning courses for field workers.

**HPN BCC eToolkit for field workers**

The HPN eToolkit was developed as a 'digital library' containing 116 well-organized gold standard BCC materials vetted by technical experts as well as by field workers. This eToolkit brings together the coordinated, integrated and harmonized health, family planning and nutrition communication resources into one location. The eToolkit is designed to be used as a resource for field workers counseling clients.
eLearning courses for field workers

Eight interactive eLearning courses were also developed for a low-literacy audience, especially to supplement field workers’ training and improve their knowledge on HPN issues, as well as enhance their counseling skills.

Piloting eHealth

An ‘eHealth Pilot Program’ was implemented in six upazilas of both Sylhet and Chittagong districts from May-August 2013 to disseminate digitized BCC tools and resources for field workers using innovative technology. A total of 300 field workers in both the districts - 150 Health Assistants (HA) and 150 Family Welfare Assistants (FWA) - received netbooks loaded with the HPN BCC eToolkit and eight eLearning courses. The HAs and FWAs used the netbooks in their usual counseling activities in households and clinics. Digital resources were also made available on computers at 42 Upazila Health Complexes, and 12 Surjer Hashi clinics in the pilot areas. BKMI used a rigorous monitoring and evaluation plan to assess the impact of this pilot project.

After the intervention phase, there was a post-assessment exercise among the same population to look for changes in field workers’ knowledge and counseling skills, as well as their clients’ intentions to adopt healthier behavior. The results of the eHealth pilot were officially disseminated on 17 December 2013 in a program organized in Dhaka.

The results of the pilot project revealed that field workers felt empowered by using the netbooks. Having easy access to the latest HPN information through state-of-the-art technology, field workers felt more confident in addressing their clients’ needs. Similarly, their clients also approached them for health information with increased confidence. In addition, field workers’ knowledge improved in all aspects of health, population and nutrition, and there was an increase in integration of messages whereby HAs were counseling on family planning and FWAs and HAs were counseling on nutrition. In the communities, some mothers also began to change their health behavior as a result of the counseling they received from field workers with netbooks.
BCC Working Group

The Bangladesh BCC Working Group (BCC WG) was established in March 2011 by the government, development partners, NGOs and private organizations. The objectives have been to address the need for a coordinated, integrated and harmonized approach to health, family planning and nutrition SBCC, and to support BCC coordination efforts within and between MoHFW and across different sectors. Meetings are held bi-monthly, and are hosted by the three units in turn. In 2013, MoHFW granted official recognition to the BCC Working Group (BCC WG). The BCC WG has formed several sub-groups with specific tasks.

Besides, the National Communication Framework group created a draft National Communication Framework for coordinated and effective HPN SBCC. The Framework was approved by MoHFW in December 2013. This Framework will assist all stakeholders to deliver consistent, reinforcing messages to priority audiences addressing key aspects of behavior, and will also facilitate coordination between and among all stakeholders.

HPN BCC Coordination Committee

The HPN BCC Coordination Committee was formed in 2012 to strengthen coordination around SBCC within MoHFW, especially among BHE, IPHN and IEM units. This committee holds regular meetings, hosted by the three units in turn. The HPN BCC Coordination meetings work as a forum for sharing SBCC interventions, lessons learned and best practices.

BKMI's mandate is to effectively contribute to achieving the targets of GoB’s national strategic plan: the Health, Population and Nutrition Sector Development Program (HPNSDP) for 2011-2016 through strengthening SBCC programs and promoting KM through the use of digital methods in the health sector of Bangladesh for better health outcomes. After the successful completion of its first phase, the BKMI project has been extended for another three years.
Promoting Healthy Behavior of the Poor and Underserved through Enhanced Service Delivery

The NGO Health Service Delivery Project (NHSDP) is USAID’s largest investment in the health sector of Bangladesh. The project supports the delivery of an essential service package (ESP) of primary health care through a nationwide network of local NGOs, static clinics, satellite clinics and community service providers. This massive network serves 13 percent of the population of Bangladesh, that is about 20 million people.

NHSDP’s goal is to enable Bangladeshi NGOs to improve the health status of the poor and underserved population by providing cost effective quality health care services so as to complement GOB’s effort to improve maternal, newborn and child health, and family planning status. The interventions will lead to increased access to, and use of, essential primary health care services; improved health behavior and care-seeking practices; and enhanced ownership of service delivery by partner NGOs. The project was officially launched in January 2013 and will run till December 2016.

The first year began by addressing the paradigm shift from the franchising model of Smiling Sun or Surfer Hashi (SH) to a service delivery model focused on the poor and underserved population, the definitions of which were revised on the basis of rationalization of coverage. This exercise served as the foundation for successful results under all three Intermediate Results (IRs) of the project that are being undertaken through an innovative partnership with a number of organizations with Pathfinder as the prime contractor and BCCP in partnership with JHU.CCP as the communication partner undertaking IR 2 - "Optimal Healthy Behavior Promoted".
IR 2-Optimal Healthy Behavior Promoted

The IR 2 of NHSDP has envisioned an empowered and enlightened community having household level knowledge to practice model health behavior facilitated by the SH service delivery network. This will basically promote improved healthy behavior and care-seeking practices through behavior change communication and knowledge management and engage community in promotion of healthy behavior and care-seeking practices. In order to attain the above BCCP undertook the following key interventions:

➢ Demand generation of health services through effective communication campaigns linking with national and local level stakeholders by adapting innovative BCC approaches for NGO clinics and their community and promote effective use of print and electronic BCC materials in the whole network

➢ Capacity building on IPC/C for in-clinic service providers and BCC/Marketing for outreach workers to have a group of skilled staffs for implementing BCC interventions by organizing clinic/community level events and establish link with constituent communities and its networks.

➢ Develop an evidence based systematic BCC/KM strategy aligned with GoB and Bangladesh Communication Working Group (BCWG) to support BCC at national, sub-national and local level

➢ Promote media advocacy to establish linkage of community with SH service delivery network facility

➢ Re-positioning of the SH brand name and logo to create a substantial emotional values over the existing SH logo and positioning the brand with an enlightened image of the Surjer Hashi as an accountable and efficient health service provider to act as a cordial and quality caregiver through print, electronic and social media at national, regional and local levels.

Demand generation of health services through effective communication campaigns and promote effective use of print and electronic BCC materials in the whole network

**Adopt innovative BCC approaches through observation of special events**

Effective communication campaigns at national and local levels through the observation of national and international events at the SH service delivery sites assisted demand generation as well as increased community engagement and establish linkages with the NGO clinic facilities. Focused audience group, innovative promotional and focused service delivery approaches on International Women's Day 2013 and World TB Day 2013 had the necessary impact. The International Women's Day observed through 330 clinics in the NHSDP NGO network focused on adolescent girls with promotional service offers for adolescents and women of reproductive age group. World TB Day focused on the entire community to provide information about prevention and curative services for tuberculosis. Rallies, discussion meetings and involvement of media/journalists in promotion were all part of the event. Also, World Population Day, World Breastfeeding Week, World Health Day and the Safe Motherhood Day were observed with several promotional activities.
Demand generation through effective use of BCC Materials

The project applies new and existing techniques and materials through in-clinic and community outreach BCC interventions to promote BCC/KM. A needs assessment survey was conducted at the NGO and clinic level to assess the current needs and practices of using BCC materials. A message design workshop to design key health messages on long-acting and permanent methods (LAPM), acute respiratory infection (ARI), safe deliveries and care-seeking for newborns was conducted to conceptualize, design and develop new messages as well as understand the need for reproduction of existing BCC materials. The resultant set of materials being developed in the health areas of maternal and child health are expected to sustain health information knowledge while reinforcing behavior of the customers.

The maternal health materials will address the five danger signs during pregnancy, antenatal care (ANC), the importance of four meals a day, and LAPM. Materials under child health were on newborn care, integrated management of childhood illness (IMCI), infant and young child feeding (IYCF) and childhood diarrhea, while additional material was developed to promote spousal communication.

BCC materials such as print messages and radio spots are also being adapted from BCWG-identified best practices and resources.

Piloting e-health Toolkit

An intervention on introducing e-health toolkit in the SH network clinic was also initiated on pilot basis. The e-health toolkit, initiated by BKMI, is a digital version of selected BCC materials processed through GoB-level health and family planning departments and the BCWG to help knowledge management of the clinic/community level service providers on health information.
Capacity Building

In order to build the capacity of the clinic staff for BCC intervention, to cater to the health needs of the community and community mobilization as well, the project provided interpersonal communication and counseling (IPC/C) training to the staff using a capacity assessment tool adopted from the Institutional Capacity Assessment tool of JHU.CCP. The IPC/C training curriculum was designed to prepare trainees such as the Clinic Manager and the Counselor so that they can in turn provide this training to the rest of the clinic staff and also to Community Service Providers (CSPs) and is regarded as a ToT (Training of Trainers). It is expected that a significant change in the quality of IPC/C at the clinic and outreach levels will be observed.
BCC/KM Strategy

A consultative workshop initiated the process for developing the BCC/KM strategy. A rapid assessment of NGO capacity following JHU.CCP’s ICAT has been conducted beforehand. The strategy will help NGOs plan, implement, and monitor and evaluate BCC activities. It will also help to create an NGO package of communication resources for branding and demand generation. It is also envisaged that this strategy will harmonize and coordinate health messages with other BCC campaigns.

Media Advocacy

Through a media dialogue held at the national level, information was spread about the NHSDP-SH network and their role in serving a community. This media dialogue extended to the regional level to help NHSDP NGOs to understand the need to inform the community about the clinic network and the need to promote media advocacy for the project. An advocacy video on NHSDP program activities has also been developed.

Repositioning of the SH logo

BCCP worked with NHSDP and have taken initiative for repositioning of the SH brand with new program objective to heighten the image of the Surjer Hashi image as a caring and quality health service provider. In this regard NHSDP has recommended changes in the brand name and in the tagline of the existing logo.
Mission to Curb Tobacco Usage

Even though Tobacco Control Legislation in the form of Acts and Rules has been in place since Bangladesh became a party to the World Health Organization (WHO) Framework Convention on Tobacco Control in 2004, its implementation has not been very successful. This is evident in the fact that tobacco consumption has reached epidemic proportions in the country. High usage and low cessation rates are a challenge in spite of the establishment of smoke-free places, prohibition on tobacco advertising, promotion and sponsorship, and mandatory health warnings on tobacco packaging and labeling. Relevant research journals on the topic are limited as tobacco control is considered a low-priority issue in comparison to other health-related programs. Researchers in this field need support and guidance. To this end, BCCP with funding from the Bloomberg Philanthropist, Inc. through the Johns Hopkins Bloomberg School of Public Health (JHSPH), Baltimore, USA has been implementing the Tobacco Control Research Network Program and capacity building initiatives.

The overall objective of the Research Network Program is to promote tobacco control research in Bangladesh and create and nurture a 'culture' of research.

Emergence of Bangladesh Tobacco Control Research Network

A Research Network Kick-off Meeting was organized to establish a research network that will include relevant government ministries and departments, public and private universities, research institutions, development organizations and individual researchers as members.

BCCP and JHSPH jointly launched the Bangladesh Tobacco Control Research Network in September 2013 to promote tobacco-control research and disseminate its findings to enhance support for controlling tobacco usage. The research network emerged to serve as a platform to provide support and guidance to potential tobacco control researchers in the country. The overall purpose is to develop a local evidence-based research repository to enhance effective tobacco control policy development and implementation. A 9-member Executive Committee and 5-member Advisory Committee were also introduced at the launch of the program. The research network offers both institutional and individual membership including student membership.
Research Grant Management

The Research Grant Program on Tobacco Control is being implemented by BCCP in collaboration with the Institute for Global Tobacco Control based at JHSPH, USA with the purpose of promoting tobacco control research in Bangladesh. This grant created a platform for researchers to do more work in the field and to be able to disseminate the results. In 2013, five students and five experienced researchers were awarded seed grants on a competitive basis to complete 10 research projects on various tobacco control issues.

Research proposals for 2014 from post-graduate students and researchers of public and private universities, institutions and organizations in Bangladesh have been invited. The research topic has to be within the priority issues of the Bloomberg Initiative to Reduce Tobacco Use. The success of the previous grant program meant that this time the grant was doubled. A Research Capacity Building Workshop was organized for short-listed candidates. Grant recipients were then selected, and they are currently progressing well in their research work.

Capacity Building Initiatives

As part of the capacity building initiative, BCCP has organized Capacity Building Workshops on Strategic Communication for a good number of participants from BI partners, grantees and organizations. The workshops aimed to enhance the knowledge of the participants on the topic enabling them to acquire the skills of using state-of-the-art communication techniques. An assessment was carried out to provide an insight into the participating organizations as a result of this exposure. In the Capacity Building Workshop on Message and Material Development the participants learned the process of developing tobacco control-related messages and materials for their own programs. A Workshop on Community Mobilization and Effective Use of Media and Materials was also organized to enhance knowledge of the participants on the topic and expand their technical expertise. A workshop on Effective Research Findings Presentation and Report Writing Skills was organized with participants nominated by Bloomberg Initiative (BI) grantees and other organizations working in tobacco control.
Bangladesh Tobacco Control Leadership Program

Following in the footsteps of JHSPH Global Tobacco Control Leadership Program, BCCP designed a similar program with a focus on building leadership capacity to develop an effective tobacco control policy and interventions in Bangladesh. The Bangladesh Tobacco Control Leadership Program emphasized leadership principles in the context of a range of tobacco control-related topics, including policy development. The program was structured around the components of WHO’s MPOWER package of tobacco control policy action areas and delivered by experts of national, regional and international caliber. Participants included members of GoB, journalists, university faculties and development organizations.

BCCP also organized a High-Level Leadership Seminar on Tobacco Control in Bangladesh with members of Parliament, government officials, NGO officials, media representatives, and BI partners and grantees. The seminar aimed to develop a better understanding of the need for and benefits of tobacco control among Government and civil society leaders; and, enhance political support for tobacco control.

Daylong Policy Dialogue

A series of Daylong Policy Dialogues were held with different political parties to sensitize them so that they include tobacco control agenda in their election manifestos.
**Technical Assistance**

BCCP worked closely with the World Lung Foundation (WLF) to provide technical assistance to the Bureau of Health Education and Non-Communicable Diseases Control (NCDC) of the Directorate General of Health Services under MoHFW to re-run the SPONGE and ALIVE mass media campaigns on the Government television channel. BCCP also prepared television spots of the same for TAPS ban campaign in Naogaon. In conjunction with WLF, BCCP also developed an adaptation of the SMOKE television commercial in a Bangladeshi context. BCCP worked closely with in-country BI partners and MOHFW to observe the World No Tobacco Day 2013.

In order to re-run the anti-tobacco mass media campaign with Government funding, BCCP worked with WLF to mobilize NCDC of MOHFW.

BCCP became a member of the Tobacco Control Rule Drafting Committee and attended its meeting where technical details were discussed. BCCP also attended various meetings on tobacco control law amendment and other relevant activities as a result of which the Cabinet of Ministers of Bangladesh in principle approved of the Law Amendment proposal. Besides, BCCP provided technical assistance to other organizations working in tobacco control in the form of facilitating training sessions and developing messages and materials for their own programs.

**Leaders in Tobacco Control-Alumni Association**

A number of meetings of the Leaders in Tobacco Control - Alumni Association were held where the various activities of the association were discussed. At the meetings, leaders discussed recent accomplishments of tobacco control in Bangladesh and their role in further advancing the program in the country. BCCP formed the Association to provide a platform for and nurture ex-participants and future participants so that they act as an advisory group for Tobacco Control in Bangladesh. The association meets with different key stakeholders in-country and from outside in Tobacco Control including Dr. Joanna Cohen, Director, Institute for Global Tobacco Control (IGTC) and Stephen A. Tamplin, Associate Scientist, IGTC.

**Tobacco Package Surveillance Study**

Tobacco advertising is prohibited in all print and electronic media, including at the point-of-sale. Moreover, graphic health warnings are required to cover at least 50 percent of the main display areas of all tobacco products. The law provides six warnings for smoked and smokeless products. The law also prohibits any brand element on the pack that creates a false impression about the effects and risks for public health.

A Tobacco Package Surveillance Study has been conducted in 13 countries including Bangladesh where BCCP is a collaborative partner. In this drive, a number of tobacco packages were collected as evidence to support adherence to the law or disregard of the same. A 13-country analysis is expected at the end of 2014. This study is funded by IGTC. Ms. Carmen C. Washington, Research Program Manager, IGTC provided technical assistance in conducting the research in Bangladesh.
Taking Action to Leave Darkness Behind

The latest series in the Anti-Violence Program (AVP), that is AVP II Phase III 'Taking Action', was a year-long program that continued by disseminating anti-violence messages through a variety of media in selected areas of Rajshahi and Chittagong divisions. Communication materials developed under this new phase along with those previously developed under AVP II Phase II 'Terrorism Awareness' were disseminated in selected locations of Barisal, Dhaka, Khulna, Rangpur and Sylhet divisions of Bangladesh.

It is worth mentioning that the success of AVP I that focused on 'Family Bonding' was taken further with the AVP II campaign for 'Terrorism Awareness'. The slogan developed for the Family Bonding phase, "With love, guide your child along the right path", together with one for the Terrorism Awareness phase, "Only we can reject terrorism and build the Bangladesh we desire", helped create a link in the minds of the audience. This was further enhanced by the 'Taking Action' phase slogan, "Not destruction - walk on the path to victory; Leave darkness behind and take the hand of light". The slogans were all based on the themes of each phase. The slogans/messages directed at the youth appeared in the subsequent activities of the program and helped reinforce the importance of decision-making, choosing the right path, consequences of one's own actions and peaceful alternatives to violent action. It is a known fact that the youth of today have the potential to make Bangladesh prominent on the map of the world. Therefore it is important that they do not succumb to peer pressure or become puppets of the big brothers of society but simply take positive action on their own and pave the way for others to follow.
BCCP undertook a multitude of activities to this end. Beginning with the screening of the previously made drama "Amrai Parbo" and the corresponding recorded Gombhira through the outreach events using audio-visual mobile vans, the team laid the groundwork for the subsequent screening of the new 'Taking Action' drama "Amader Bijoy" and live Gombhira performance. This meant that the minds of the audience were refreshed and ready to see the sequence. Retention of the message was guaranteed by restating the slogans in all the handbills and stickers developed for the program. The billboards erected at vantage points in selected areas where the outreach events were held, as well as the radio and television commercials broadcast on popular channels, were all developed to propagate the same theme and slogans.

Feedback from the audience revealed that they could readily recall the characters from the drama and Gombhira and the incidents they were involved in. Many in authority appreciated such a noble endeavor to create awareness in the young minds, provide guidance and lead the way away from darkness. Internalization of the essence of the story especially by the youth, their willingness to do good, their awareness of the importance of reporting crimes, their wish to bring back friends from harm's way, and recognition of their own potential to become outstanding citizens of the country are all testament to the fact that the campaign was a huge success yet again.
Festivals to Promote Camaraderie between the People and the Police

The Bangladesh Police, the main law enforcement agency of the country, play a crucial role in the maintenance of law and order in society. But their image has somewhat deteriorated. People generally are afraid of the Police and do not come forward to assist them. As violence in many forms has increased recently it has become essential that people no longer have this misconception and understand that "The police are the people, the people are the police". To this end, BCCP worked with the Information Support Team (IST) of the US Embassy, Dhaka, to organize and conduct 8 community policing festivals in the eight districts of Rajshahi division - Naogaon, Bogra, Rajshahi, Pabna, Natore, Sirajganj, Joypurhat and Chapai Nawabganj.

These festivals effectively utilized the medium of sports to increase awareness about community policing and to boost positive interaction between local police agencies and the general public. Students and teachers from schools and Madrashas, distinguished guests and Community Policing Forum members attended each event.

The Deputy Commissioner (DC) and the Superintendent of Police (SP) of each of the districts where the festival was held were invited to the program. They delivered speeches explaining the activities of community policing at length, and reiterated the slogan encouraging people to come forward and work together with the Police.

Star cricketers from the Bangladesh National Cricket Team who have already made Bangladesh prominent on the map of the world motivated the students and the audience alike with their speeches, and especially during the coaching session which was followed by a mentoring session. These sessions provided the students with the opportunity to directly interact with the Police, thus removing any apprehension about the law enforcers, and helped them to easily relate to them.
Cricket equipment was distributed among the participating schools. Jerseys with the logo and slogan “We will live together as a community, we will work together with tolerance and peace, we will build a Golden Bangladesh” were also distributed among the participating students. The equipment and the jerseys will act as a reminder of their participation in such a festival and inspire them to do good in society.

The main attraction of the event was a cricket match played by two teams made up of students, Police personnel and star cricketers. Inaugurated by the DC and SP, this game provided the platform for interaction between the players and achieved what the Police alone were unable to do.

All the activities under the festival including an essay and a quiz competition, a Gombhira performance, distribution of promotional and awareness leaflets, together with the hoisting of billboards in the intervention areas, were all directed to inform the audience about community policing and their role in maintaining peace in society. This was hugely successful as evaluation revealed that the overall concept about community policing had been made clearer. Participants could easily recall the slogan and many were inspired to cooperate with the Police and Community Policing Forum members by providing information on drugs, gambling and burglaries, and by asking for help.

The Community Policing Festivals support the Community Policing program jointly run by the US Agency for International Development (USAID), The Asia Foundation (TAF), and local NGOs Light House and Manob Kalyan Parishad (MKP) under TAF, along with the International Criminal Investigative Training Assistance Program (ICITAP) in Bangladesh.
Wage Earners of Digital Times

The Employment Generation Program for the Poorest (EGPP) was formulated in 2008, by the Government of Bangladesh to improve the livelihood of the poorest of the poor. About 31.5% of the population, amounting to about 47 million people, live under the poverty line in Bangladesh. Of them about 50% are considered to be the poorest of the poor. Approximately a third of all workers are daily agricultural wage workers (HIES 2005). Even though the program initially addressed the food and fuel crisis during 2007-08, it was up-scaled to provide short-term employment during agricultural lean seasons. Implemented by the Ministry of Food and Disaster Management this program assists those who are not included in other government social safety net programs.

Initially the EGPP workers were paid cash in hand by the local implementation committees on a weekly basis, and recordkeeping was manual. Monitoring and structured research on payments made revealed misappropriation, mismanagement and abuse of power in individual cases. Such malpractices necessitated piloting an automated attendance verification system using mobile phones in selected upazilas. Bkash was engaged to provide the mobile phone solution for payment. BCCP became involved in this part of the program to introduce the beneficiaries to English digits and train them in the use of mobile phones for attendance verification and receiving payment.

A beneficiary campaign in Bishwashvapur upazila was held when field trainers under the guidance of BCCP made door-to-door visits to beneficiaries to inform them about the training. The training was carried out in two phases in both Badhaghat union and Palash union. BCCP also organized Sarders' training with selected Sarders or labor leaders from the beneficiaries in Bishwashvapur upazila.

As a result, the beneficiaries were able to recall English digits, operate the mobile phone sets and enter the PIN number as required, thus contributing to the flawless and efficient cash transfer to the rightful beneficiary.

EGPP with International Development Association (IDA) assistance from the World Bank has already made substantial progress in targeting the poorest of the poor, providing them with short-term employment, introducing wage payments through the banking system, and improved systems for program monitoring.
Sustainable Impact through Synergy in Health, Hygiene and Nutrition Behavior

SHOUHARDO II is the follow-up to the extremely successful food and nutrition security program SHOUHARDO which ended in May 2010. Reaching over 400,000 households in 18 of the poorest and hardest-to-reach areas in Bangladesh, SHOUHARDO attempted to address not only the issues that lead to food insecurity, but also the underlying factors that contribute to vulnerabilities that prevent people from realizing their full potential in leading healthy and productive lives. This time round, SHOUHARDO II is dedicated towards transforming the lives of women and men in 370,000 poor and extreme poor households in 11 of the poorest and most marginalized districts of Bangladesh by reducing their vulnerability to food insecurity. SHOUHARDO II, one of USAID’s largest non-emergency food security programs extending from June 2010 to May 2015, is being implemented in 172 unions of 30 upazilas of 11 districts in four operational regions - North Char, Mid Char, the Haor belt and the coastal areas of Cox’s Bazar.

The program strategically addresses accessibility to nutritious food, health and hygiene, women empowerment, mobilization of community members to work proactively with the poor; and development of the capacities of community members so as to prepare them for dealing with disasters and climate change.

BCCP was engaged to conduct formative research to help identify the local barriers and understand the factors that influence the health, hygiene and nutrition behavior of the people in selected villages of the four regions under the program, with special focus on optimal IYCF practices and hand-washing in five critical times. Based on the results, BCCP developed context specific BCC strategies for the different regions. Furthermore, BCC operational guidelines were developed for the community health workers of the four regions to support the health, hygiene and nutrition interventions of the program.

Like its predecessor, CARE Bangladesh’s SHOUHARDO II Program is already leaving its mark in the area of food security as well as poverty reduction. With support from the Government of Bangladesh and with 16 local partner NGOs implementing most of the program, SHOUHARDO II is geared to achieve the seemingly impossible.
Justice for All

Access to justice is the right of every human being. But in Bangladesh, especially in rural areas and specifically among women, knowledge of legal aid is minimal or absent and many are prevented or discouraged from exercising their legal rights. Despite the fact that women are subjected to many forms of violence and discrimination, including physical, mental and emotional suffering at home, in school, in the workplace and in the community - they do not have a voice and seldom lodge any complaint.

USAID's Justice for All (JFA) Program, a 5-year initiative launched in May 2013, aims to facilitate access to justice and empower citizens to exercise their rights. In cooperation with justice sector counterparts and the civil society, the program will improve the delivery of legal aid, enhance judicial governance, and raise awareness among citizens about the rights guaranteed to them under the Constitution. The program will be implemented at the national level and in pilot districts, initially in Dhaka, Rajshahi, Khulna, Rangpur and Mymensingh.

As part of JFA, BCCP is implementing an "Awareness for Justice" program in Dhamrai and Dohar upazilas of Dhaka district till December 2014. A survey in these upazilas, comprising 24 unions, 537 villages and a population of 500,000 revealed that the women who constitute fifty percent of the population often face physical abuse from their husbands, dowry related violence, sexual assault, eve-teasing, etc. Most of these cases are not filed for fear of persecution. Many are forced to marry early, are not provided household expenses by their husbands, or are divorced without any compensation. Through its program, BCCP aims to create awareness among community people about the availability of legal aid service locally, to increase legal literacy among the people and activate the legal aid committees to combat violence against women, children and minority communities and the ultra poor segment of the population; and create a supporting environment so that women can report injustices and seek services. The target group consists of rural women, adolescents and minority communities; and the secondary group of men and other stakeholders like Upazila and Union Legal Aid Service Committees.
In order to raise awareness on legal aid services, materials like posters, stickers, tin signs containing the same message have been developed to publicize the availability of legal aid services and a 'Call to Action' for the target group so that they can seek legal support. The same message will appear on local cable channels.

Legal literacy among women, adolescents and minority groups will be increased through a number of interactive activities, and dissemination of print material containing information about the nature of violence against women, children and minority, relevant laws and range of support services available.

To ensure the smooth running of the program, orientation sessions at district, upazila and union level with the local Legal Aids Committee are planned to orient members on their roles and responsibilities. Moreover discussion sessions with women, adolescents, minorities and social change agents in the community will be organized.

Also, a drama show using local talents will be organized, based on a script developed in line with the objectives of the program and also those of JFA.

Future Search Conferences will be organized to mobilize key stakeholders at the upazila and union level to create a foundation for the development of community action plans. These will involve the target audience, stakeholders, local NGOs, the media, public officials, influential locals and political leaders.

Special events such as the Legal Aid Day, Child Rights Day and Women Rights day will be observed with a view to enhancing awareness of the significance of these days.

It is expected that on completion of the program, beneficiaries of Government legal aid services will be fully aware of the existence of the legal aid services and how to access them; and that the services available within the justice sector will be utilized by the community.
Effective Cash-based Solution for Poor Households

Conditional Cash Transfer (CCT) Program is an initiative that has already proved successful in addressing some of the persistent development challenges in the world and helping the poorest manage risk. In Bangladesh, it is a step above social safety net programs that do not offer a comprehensive coverage of the poor and have been marred by high inclusion rates. It marks the country’s shift from food-based to cash-based programs and makes welfare conditional upon the receivers’ actions, such as improvement in attendance rate among beneficiary children attending primary school; increased attainment of age specific goal weight of toddlers; increased knowledge in nutrition and practice among mothers and key decision-makers; and increased dietary diversity and appropriate frequency of feeding of young children.

The ‘Shombhob’ Pilot Project launched in May 2012 is a unique endeavor aimed to identify ways to improve the ability of local government bodies to effectively implement the program; and test whether formal conditions coupled with intensive monitoring and counseling of the beneficiary population can lead to improved nutrition for toddlers and increased attendance of primary school-going children. ‘Shombhob’ means ‘Possible’. The project covered five upazilas in Hatibandha and five upazilas in Jaldhaka and 35 selected slums under Narayanganj City Corporation and included both urban and rural areas.

Implementation of the Communication Program

Campaign Materials

Campaign materials such as leaflet and banner, a pictorial health card on child health and nutrition, a family booklet and a nutrition flipchart with necessary information for the beneficiaries were developed.
Capacity Building

Fieldworkers were recruited from the community in the project areas and trained for the public information campaign (PIC), on nutrition and also on the distribution of the postal cash card and its usage.

Postal Cash Card

More than 40,000 households from the project areas were enlisted through a targeting process. Of them, 14,125 households were enrolled as beneficiary. A door-to-door campaign was carried out with leaflets having information about the cards. Orientation session was held for the beneficiaries on the use of the card and documents were provided based on proof of family history maintained by DATA. Health compliance monitoring was conducted in suitable places such as schools by trained fieldworkers using height and weighing scales provided by project management unit (PMU) and color-coordinated growth charts.

Stakeholders’ Orientation and Experience Sharing Workshop

Orientation sessions on the project was carried out in the project areas for union/ward level stakeholders. Experience Sharing Workshops were conducted on the implementation of the project with the stakeholders with the objective of learning about the practical experience in the implementation of the project and to collect suggestions from the stakeholders for future reference. It was found that the project played a significant role in the development of health and education of the children of ultra poor families and that participation of local representatives was important for the implementation of such a project.

The ‘Shombhob’ Project attained many successes - presence of the extreme poor students in the primary schools increased up to the desired mark; benefits provided a supportive role for the health and nutrition of the children; and health awareness increased among the beneficiaries. A public awareness campaign is essential to prepare the community for receiving benefits, perform the compliance for cash payments and enhance knowledge on nutrition and education issues. Participation of representatives from the community was essential for the smooth implementation of the project.
Leaders of a Better Future

Most of the private universities established in Bangladesh since 1990 have campuses in the capital. These universities offering a diverse mix of curricula cater to a growing number of students who desire higher education. The public universities funded by the Government use Bengali as the medium of education whereas the private ones use English. Their exposure to diverse cultures and use of modern technology have already equipped them to face the challenges of the present time. This new generation of students has already displayed great potential in their own right. With a little guidance, they can enhance their leadership qualities, instill awareness among the people about tolerance and non-violent action, and take their countrymen towards a better future.

Starting in September 2013, the Bangladesh Private University Student Development Leadership Workshops is an endeavor being undertaken by BCCP that aims to shape the students' perception and preferences, strengthen capacity of student organizations, create a network and provide the platform for exchange of ideas.

A number of workshops will be held at selected universities among selected students addressing varied topics from social media and public speaking to role of youth in civic and community development to bringing change through non-violent conflict resolution. These workshops will also provide students with skill sets for entering the workforce, such as communication skills, leadership skills and interpersonal skills. Also under this program, a series of seminars will be aimed to empower the students with people skills, to better communicate their thoughts to others in order to promote peace in society.
TB Awareness Program in Slums

Tuberculosis is a major health problem in this country of 160 million. In fact Bangladesh ranks sixth among the 22 highest burden TB countries in the world. In 2012 alone, more than 170,000 cases of TB including 106,790 smear positives were reported. An estimated 70,000 deaths occur every year due to TB (WHO World TB report 2013). The TB CARE II Bangladesh project is a field support activity funded through the USAID TB CARE II Project. Launched in April 2011, this five-year project is aligned with the National TB Program strategic objectives and USAID/Dhaka strategic framework. The project activities complement the Global Fund and GoB efforts to strengthen the health system and ease access to TB services.

As of April 2013, BCCP is undertaking advocacy and social awareness interventions for this project. This two-year project is being implemented with the purpose of increasing access of slum dwellers in 23 slums of Dhaka City Corporation-North to TB care services; provide technical assistance to strengthen effective communication in order to promote TB service; and also to establish a functional referral network of Urban Primary Health Care Project (UPHCP) and Smiling Sun clinics in these areas. These interventions will address slum-dwellers comprising rickshaw-pullers, garments workers and day laborers.

BCCP has built a successful partnership with the NGO clinics already working in the intervention areas. The Smiling Sun clinics of Concerned Women for Family Development (CWFD), Population Services and Training Center (PSTC) and Urban Primary Health Care Service Delivery Project (UPHCSDP) clinics of Khulna Mukti Seba Sangstha (KMSS) are providing essential service package in five wards with laboratory facilities for TB case detection and a trained group of technicians equipped with DOTS (directly observed treatment service) for diagnosis and care of smear positive cases. The clinics also refer suspected smear negative pulmonary TB and extra pulmonary TB clients to other facilities where diagnosis and management of these cases are available.
With the aim to increase the number of TB suspects in these clinics and ensure quality of TB care services as well, BCCP has taken steps to strengthen these service sites, raise awareness about TB symptoms and create demand for service. The clinic staff have been oriented on effective ways to conduct symptomatic screening of TB and communicate key information to the clients. Moreover, private providers working in adjacent slums have been oriented for management of TB cases, symptomatic screening and referral of suspected TB cases to the nearest DOTS centers.

Peer groups have been formed to visit households, organize community group meetings, educate slum-dwellers about TB symptoms and motivate them to go to DOTS centers for TB services. Slum leaders have been oriented to act as change agents in the slum for identifying TB symptoms, seeking services, as well as in creating awareness for prevention. The multitude of activities inclusive of improved quality service and strong social support are expected to contribute positively to the fight against TB in Bangladesh.
Modhumita - Advocacy for the Most-at-risk

Extending from 2009 to 2013, FHI 360’s Modhumita Program was a follow-up to the Bangladesh AIDS Program of USAID. Working in partnership with BCCP and the Social Marketing Company (SMC), the program aimed to support an effective HIV/AIDS prevention strategy through improved prevention, care and treatment services for the most-at-risk population (MARP); to strengthen government leadership as well as multi-level coordination; and promote the effective use of data for decision-making, enhancing knowledge and advocacy to aid existing HIV prevention interventions.

As the communication partner, BCCP worked to strengthen policy-level advocacy in the following areas: reduction of stigma and discrimination, program integration and resource mobilization; regulation of private sector drug treatment services and collaborative resolution-related legal issues; strengthening the capacity of implementing agencies for dealing with Law Enforcement Agencies (LEAs); and strengthening National AIDS/STD Program (NASP) for enhancing collaboration related to the HIV and AIDS advocacy program. The intervention was directed at policy-level stakeholders, the media and other relevant sectors.

Media Advocacy

Using media dialogue, BCCP initiated media advocacy with a mixed group of journalists from both print and electronic media who were sensitized on sensible reporting, and on the ways to utilize their strength of communication in creating awareness and reducing HIV and AIDS-related stigma and discrimination. Media forum members generated dialogue on the role of the media professionals in providing social support on the issue; disseminating the right message; reporting on the causes and prevention of HIV; and increasing networking for sustainable media advocacy efforts. These dialogues were organized by the Implementing Agencies (IAs) of Chittagong, Sylhet and Rajshahi with technical support from BCCP.
As people’s perception is greatly influenced by the media, BCCP provided media forum members with updated information for publishing and airing various news features on stigma and discrimination. The members complied and during the project period a number of reports were published or aired in the form of news features, talk shows, documentaries, etc.

In addition BCCP arranged to telecast a special documentary on MARP on BTV for World AIDS Day. Similarly, television dialogues with the audience, namely Ajana Jeebon featuring HIV and AIDS, related stigma and discrimination, and health services were telecast by Ekushey TV. The show contained real-life stories and expert opinion. News features on real-life stories of injecting drug users (IDUs) and people living with HIV and AIDS (PLHA), expert opinion and interviews of doctors, program persons and family members of MARP were broadcast on Radio Today.

Policy Advocacy

BCCP further contributed to Modhukita by working in collaboration with the NASP to support policy-level advocacy to reduce stigma and discrimination, and promote program integration and mainstreaming. In so doing, the HIV and AIDS focal persons of different ministries were approached so that they play role in addressing issues that create obstacles in HIV prevention and assist them in enhancing their capacity so that they in turn can address the issues through the existing infrastructure and interventions. BCCP also worked to enhance the capacity of relevant sectors, especially the Department of Women Affairs (DWA) and the Department of Social Services (DSS) in an attempt to mainstream the HIV and AIDS prevention program and address such issues through their existing interventions.
As part of strengthening the capacity of some of the Kishori Clubs operated by NGOs and building up awareness on HIV and AIDS in the community, BCCP conducted life skills orientation sessions on HIV for peer leaders and adolescent boys and girls who are members of the Kishori Club.

Comprehensive Training of Trainers (TOT) programs for the Master Trainers of DWA and DSS were organized at district and upazila level with a focus on delivering factual information related to HIV and MARP, various social issues including gender, and stigma and discrimination. The trainers were equipped with an updated TOT curriculum and a set of job aids so that they could make the content easily understandable to their target group. Follow-up visits to DWA to observe trainers’ facilitation skills were found to be satisfactory.

A documentary on HIV and AIDS-related stigma and discrimination, titled HIV Protirodhe Ganomadhyom, was produced to create an enabling environment. In this documentary, MARPs like IDUs, sex workers and transgenders and PLHAs shared their inspirational stories, expressed confidence and showed a positive attitude which would serve as a role model to others.

These innovative communication interventions are all directed to promote positive social and behavior change among individuals, systems and communities.
Upcoming Projects

Social Attitude and Behavioral Change towards Child Protection

"Community Action for Child Protection from Violence" has opened up a new avenue for BCCP to work with funding from the European Commission and in partnership between the Family Planning Association of Bangladesh (FPAB), JOICFP (Japanese Organization for International Cooperation in Family Planning), the Bangladesh Legal Aid Services Trust (BLAST) and Aparajeyo-Bangladesh.

The objectives of the project are to strengthen community actions by community people for child protection by developing multi-formatted communication media tools; and, to provide legal support and a comprehensive rehabilitation package for reintegrating child victims of violence.

The 36-month project is based on 4 results and BCCP will work on Result-2 to establish a community-based system for child protection through social attitude and behavioral change. A multi-audience, multi-pronged communication intervention will be launched to achieve the objectives.
Upcoming Projects

IDEA for a Digital Bangladesh

The Identification System for Enhancing Access to Services (IDEA) Project under the Bangladesh Election Commission (BEC) is the second phase of Bangladesh’s long-term drive for building a National ID Scheme. The IDEA Project is built on the ‘Preparation of Electoral Roll with Photographs Project’ supported by UNDP. The proposed IDA-financed IDEA project will aid the Government’s initiative in making a reliable National ID system and have a significant impact on the way in which the government, private sectors and citizens interact. The system will serve as an efficient and secure data platform for the delivery of multiple public services. BCCP came on board as the communication consultant firm with the signing of the contract on November 26, 2013. Under the strategic communication component of the project, BCCP will conduct an overarching campaign encompassing mass media, social media and capacity development. The campaign will raise awareness about the National ID system through community mobilization and advocacy; and strengthen the communication capacity of BEC professionals. The project commenced on December 01, 2013. Approximately 85 million people will be served within the project period, that is by June 2016.
The Next Advances in Strategic Communication Workshop

BCCP is hosting the 19th Advances in Strategic Communication Workshop to be held during March 01-13, 2014. Designed for a selected group of senior and mid-level program managers and others concerned, this 12-day workshop provides, through review of the latest findings in strategic communication, an ongoing opportunity to enhance understanding, knowledge and skills related to Social and Behavior Change Communication (SBCC). The workshop's highly participatory approach is designed to help participants develop effective advocacy, social mobilization and program communication strategies while strengthening their ability to implement dynamic communication programs. This workshop is a modified course especially tailored for this region and modeled after "Advances in Family Health and Social Communication Workshop", developed and conducted by the JHU.CCP, Baltimore, USA. The workshop explores the essential elements of successful communication in the context of social development programs.
Susan Krenn Addresses an Audience in Dhaka

Ms. Susan Krenn, Director, JHU.CCP, Baltimore, USA visited Dhaka during October 27-30, 2013 with the purpose of providing technical assistance to the Bangladesh Knowledge Management Initiative (BKMI) project. BCCP is the management partner of JHU.CCP in implementing the BKMI program in Bangladesh. Ms. Krenn assisted the BKMI team with strategies and different approaches for capacity building of the three units of MoHFW - Information, Education and Motivation (IEM), the Bureau of Health Education (BHE) and the Institute of Public Health Nutrition (IPHN). She met with some key stakeholders of the Ministry. Ms. Krenn also made a presentation at the American Club in Dhaka on "Lessons Learned in Health Communication from Around the World" for representatives from the Government and non-government organizations, civil society, development partners and the media. The audience gained some global communication experience from the presentation.
Success Story

Moni - An Ordinary Girl Pursues an Extraordinary Dream

Monira Akter Moni, a rural girl from Osmanpur of Ghoraghat upazila in Dinajpur district in Bangladesh went to Addis Ababa, Ethiopia to attend the 3rd International Conference on Family Planning (ICFP 2013), which centered on the theme: "Full Access-Full Choice". Her visit was arranged under the Bangladesh Knowledge Management Initiative (BKMI) with financial support from USAID.

One of the three videos on youths’ perception of life and family planning shown during the opening session of ICFP 2013 was Moni’s. Later when the time capsule - "the 2020" - was introduced with a call for action for individuals to make personal commitments about how they could make a difference in family planning within their community, Moni was called on stage in front of more than 3,300 delegates from 120 countries to share her commitment and post it on the time capsule. The ideas gathered from the conference will be saved and opened again in 2020.

Moni was one of the 300 youth delegates selected from all over the world to attend the conference. With the others, Moni initially attended the Youth Pre-Conference Training which helped the youths set goals for ICFP 2013.

Moni is a shining example of women’s empowerment in Bangladesh and of the reach of development programs.
The Beginning

In 2005, Moni was an ordinary 13-year old adolescent. Like other adolescents she was in that stage of life where she had to try to make sense of the changes in her mind and body. Her parents wanted her to marry. She did not know whether to give in or pursue her dream of becoming self-sufficient.

About the same time, Moni enrolled in a program at her school without knowing that she was making a life-changing decision. The "Know Yourself" program was a workshop organized by BCCP with technical assistance from JHU.CCP and financial support from USAID. The workshop revolved around interactive discussions on various psycho-social skills that adolescents need to lead a healthy reproductive life. She soon learned that taking decisions was important and that Interpersonal Communication is a skill that helps one to negotiate with others, tackle adverse situations and solve problems. She acquired the necessary knowledge and skills and used them to convince her parents to delay the marriage and let her continue her studies.

In time, Moni finished school and came to Dhaka to pursue a career in nursing. Her perseverance got her admitted at the Uttara Mohila Medical and Nursing College, Dhaka. In her own words, "I could have been a drop-out and have a life which I never desired, but I have learned from BCCP's life skills workshop that life should proceed with an aim...I have to do something...something different".

And she progressed towards her goal!
BCCP Honored with Century International Quality ERA Award and the European Award for Best Practices 2013

BCCP was honored with the Century International Quality ERA (CQE) Award 2013 in the Gold category for its integrity, quality, innovation and leadership. The award was for BCCP's dedication to continuous improvement and innovation, key concepts of the QC100 Total Quality Management Model. Seeking to increase customer satisfaction and optimize efficiency, the model promotes an organizational culture of engagement and a proactive approach to improving processes. BCCP’s spirit of innovation and positive growth has overcome and indeed thrived in the current global economic climate. Mr. Mohammad Shahjahan, Director & CEO of BCCP received the award from Mr. Jose E. Prieto, President and CEO, Business Initiative Directions (BID) in the presence of leaders and representatives from 57 countries at the Century International Quality ERA Convention in Geneva on 10 March 2013. Moreover, Mr. Shahjahan was designated to be honorary member of the CQE Award with the right to nominate and vote for future award recipients. The March 2013 issue of GPerson magazine published a cover story featuring BCCP’s winning of the CQE Award.
BCCP was also awarded the European Award for Best Practices 2013 for its outstanding commitment, support and results in quality management strategies by the European Society for Quality Research (ESQR). ESQR is dedicated to quality improvement technique recognition and research. Through its award giving ceremonies, ESQR recognizes excellence, disseminates innovation and visionary thinking, spreads knowledge, shares conformity assessment practices and facilitates networking. The award highlights outstanding business results, best practices, quality awareness and achievements by companies in regional and global markets. Mr. Shahjahan received the award from Dr. A. Arista, ESQR on December 08, 2013 in Vienna, Austria. Mr. Shahjahan’s presentation of BCCP’s many success stories in strategic communication interested the audience.

The awards are a recognition of BCCP’s attention to the maintenance of quality and standards as well as a timeline backed by proper monitoring and supervision. To uphold this image, BCCP is now more dedicated than ever to continue its success. It is worth mentioning that BCCP has been operating from its own premises for the last couple of years. In so doing, it has been able to further its image, and maintain a high standard in its many undertakings. The new premises have provided BCCP with a strong footing and will help the organization to move towards sustainability. Being well-grounded, BCCP is now more confident of its own expertise and the stakeholders are more convinced that they have the best team working for them.
Adding Constantly to BCCP

BCCP believes in the pivotal role that strategic communication plays in combating the world's major development problems, and supports SBCC initiatives of the government, NGOs, and private sector agencies with its innovative approaches and the use of a communication framework and data-driven analysis. A unique blend of science and art, strategic depth and creative energy, and its collaborative approach have made BCCP a strategic communication leader in the country.

In every stage of its operations, BCCP follows “P-process” - a tested and proven communication project planning tool used for designing and implementing strategic communication programs more scientifically and effectively.

Continuous innovation and use of the state-of-the-art technology has been one of the strengths of BCCP. With its organizational growth and the diverse nature of its projects, BCCP has recently strengthened its ICT unit and is in the process of establishing a well-organized and well-laid out communications department with defined policies and guidelines to govern and coordinate organizational communications and use of social media. The primary function of the communications department will be to leverage ICT in different projects, programs and in organizational knowledge management in order to address clients’ needs more efficiently. This department will also facilitate two-way flow of communication through social media including BCCP’s interactive website.

BCCP uses the latest tools and techniques of strategic communication and helps think deeper, think differently and achieve more with less! Its pragmatism and cost effective approach to brand development and positioning made the brands unique and yielded exceptional results in a remarkably short time. The Sabuj Chhata, Smiling Sun and Rainbow brands are to name but a few of its success stories.

BCCP has pioneered the use of the Entertainment-Education approach in Bangladesh and have developed landmark setting enter-educate TV programs like the drama serials Shabuj Shathi, Shabuj Chhaya, Eyi Megh Eyi Roudro, Enechi Shurjer Hashi and Gari Chole Na and the radio programs Jante Chai Janate Chai and Amra Shobai Jante Chai that people still recall and relate too. These popular and entertaining programs promoted social message as they subtly delivered intended messages with a call to action that inspired positive change in social and behavioral norms.
BCCP designs and deploys campaigns using every imaginable format and approach including digital as well as traditional media, community and indigenous media, and also social support networks. The application of a theoretical framework and research analysis, innovativeness and cost efficient planning make BCCP’s campaigns unique and more effective.

BCCP views advocacy as a collective action to increase social capital, and BCCP’s most successful advocacy programs result from impetus generated by the collaborative group effort of building coalitions, networks and support systems. Instead of being a linear process, these evolve depending on input from stakeholders, available resources and changing internal and external environments. Similarly, BCCP’s community mobilization programs also take into consideration the different experiences, needs and capabilities of various groups in a community, and deploys innovative approaches like the 'Jiggasha Approach', the Future Search Conference, and the Orientation and Life Skills Workshop to enhance participation, commitment, good governance, and accountability, which will promote peaceful change in the society.

Being a learning organization, BCCP always welcomes new ideas and concepts, and in recent years has started institutionalizing Knowledge Management. It has transformed the way evidence-based, accurate and up-to-date information is obtained, synthesized, shared and used to deliver results and make a difference in people’s lives. A well-organized Media Material Center and photo bank are also contributing to the process.

Equal opportunities, mutual respect, responsiveness to client needs, openness to new ideas have made BCCP a one-stop strategic communication organization in the country and in the region. With the mission of serving a bigger population, BCCP is now planning to expand its program activities beyond the country's geographical boundaries. BCCP believes in collaborative efforts and values the contributions of all its partners both at national and global level. In this way, BCCP continues to make a difference in people's life.
Members of the Executive Board

**Bangladesh Center for Communication Programs (BCCP)**

House # 8, Road # 3, Block-A, Section-11, Mirpur, Dhaka-1216, Bangladesh.

We have audited the accompanying Consolidated Balance Sheet of Bangladesh Center for Communication Programs (BCCP) as of 30 June, 2013 and the Consolidated Statements of Income and Expenditure and Receipts and Payments for the year then ended. These financial statements are the responsibility of the management of the organization. Our responsibility is to express an opinion on these financial statements based on our audit.

In our opinion, the financial statements referred to above give a true and fair view of the financial position of Bangladesh Center for Communication Programs (BCCP) as of 30 June, 2013 and of the results of its operations and its receipts and payments for the period from 01 July, 2012 to 30 June, 2013 in accordance with Bangladesh Financial Reporting Standard and comply with the applicable laws and regulations.

**BANGLADESH CENTER FOR COMMUNICATION PROGRAMS (BCCP)**

**STATEMENT OF EXPENDITURE**

For the year ended June 30, 2013

Figures represented in Taka

| PARTICULARS                      | UPNCP-II | ROSC | MOE | MGL | MOF | MOU | MiP | MiP | CCT | Anti-Violence | Prop-I | Tobacco | MOF | USAID | OTHERS | TOTAL 2012-13 | TOTAL 2011-12 |
|--------------------------------|----------|------|-----|-----|-----|-----|-----|-----|-----|------|----------|--------|----------|-----|-------|--------|----------------|----------------|
| 1                              | 2        | 3    | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11   |         |        |          | 10|11        |
| Technical support and management| 1,000    | 1,750,849 | 1,475,849 | 17,139,702 | 6,253,165 | 6,001,903 | 38,504,000 | 31,706,495 | 102,834,954 | 105,212,402 |
| Training program offered        | 122,860  | 235,177 | 678,634 | -   | -   | -   | -   | -   | -   | -   |         |        |          | 60|58        |
| Research and evaluation         | 145,000  | -    | -   | -   | 3,525,537 | 238,808 | 55,471 | 3,974,716 | 4,629,346 |
| Materials production and dissemination | 128,037  | 84,900 | 77,125 | 7,908,252 | 396,028 | 4,172,735 | 9,109,685 | 21,877,062 | 47,140,462 |
| **TOTAL**                       | **1,000** | **2,001,746**| **1,813,926**| **18,240,461**| **14,161,417**| **14,115,525**| **61,001,010**| **42,746,506**| **154,081,591**| **189,567,311** |

Legend: UPNCP-II= Urban Primary Health Care Project; MGL=GRD&C= Ministry of Local Government, Rural Development and Co-operatives; ROSC= Reaching Out of School Children; MOE= Ministry of Education; MOF= Ministry of Planning; MiP= Ministry of Planning; CCT= Conditional Cash Transfer; USAID= United State Agency for International Development;