OUR VISION

A society that enables a healthy, poverty-free, better life through strategic communication.

OUR MISSION

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
From the CEO’s Desk.......

BCCP is turning 22 this year. A quick spark from its flashback will resonate hard work, tremendous effort and sincerity from the entire team of BCCP. BCCP has built around its immense experience gained from being the Bangladesh country office of the Johns Hopkins University Center for Communication Programs (CCP), Baltimore, USA. The first few steps as the successor of CCP was a huge challenge in itself, but with committed staff, strategic approach and supportive sister organizations it could soon diversify its areas of operation from Health to other Social Development sectors with an expansion of client base. These factors gave BCCP the opportunity to create its own brand image.

With a vision to empower people through strategic communication to build a just, healthy, enlightened, poverty and exploitation-free society, BCCP has attained its goal in becoming recognized as a leading communication organization providing quality one-stop services.

BCCP has had the privilege of working with the Government of Bangladesh and other national and international development partners for numerous public projects. Promoting Public Procurement reforms for better transparency in the procurement system and enhancing BCC capacity for improving operation of the health system were the major two thrusts. It is believed from our end that with proven operational effectiveness and quality services, we will be able to overcome any challenge that comes our way. Deciding to take a strategic approach to funding has exceptionally helped us to sustain without any nudge. The sister organizations have also put in their share of effort to generate resources to accelerate BCCP’s sustainability.

It is humbling for us to operate from our own premises which has become a second home for myself and our committed colleagues. BCCP believes in respecting one another and working together for combined efforts to bring fruitful outputs for the organization. The work done shows in paper but what our staff takes home is intangible; it is the satisfaction in working for an organization that is valued for its integrity. On the other hand, in its journey forward; the organization received excellent guideline from its competent Executive Board led by Dr. A. Majeed Khan.

The BCCP team’s aphorism believes in 'the sky is the limit' and we are hopeful that with concerted efforts from all concerned, BCCP will continue to rise further.

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
- SBCC 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

BCCP’s growth over the years has been well-appreciated by the partners and stakeholders both at home and abroad. The image that the organization earned did not come by chance. From the beginning, BCCP progressed with setting its goals, formulating strategies to achieve those, drawing pragmatic plans, implementing those backed by planned monitoring and evaluating programs followed by sharing results. A policy of ‘no compromise with quality’, maintaining time-line, strong commitment and positive attitude of the dedicated staff and result-oriented drives are the cornerstones on which BCCP relied to build its image that it is enjoying today. The path was not smooth, rather challenges were there, but nothing could stop the organization from moving forward as it had a clear mandate and appropriate strategies at every stage of its growth. BCCP is now regarded as a quality, one-stop and leading Social and Behavior Change Communication (SBCC) organization not only in the country, but also in the region.

Attaining this image has been possible mainly because the organization has always received proper guidance, suggestions and support from its capable, efficient and highly experienced Executive Board. Comprised of an eminent educationist, a renowned gender and reproductive health and family planning program specialist, a distinguished social development specialist, a leadership and management specialist and a renowned chartered accountant, the Board meets regularly to oversee the organization’s overall performance and provides appropriate guidance to move forward by planning and implementing programs that not only meet organizational goals, but also support the Sustainable Development Goals (SDG). In reviewing matters and taking important decisions, Mr. Ali Ashfaq, Treasurer and Mrs. Gule Afruz Mahbub and Mrs. Mahmuda Chowdhury, Members of the Board have played significant role in the performance of the Board.

BCCP now feels that ensuring its sustainability, the organization needs to move forward with specific plans and programs that help it to not only consolidate its image, but also to earn more credibility. There is no room for complacency, constant vigilance is needed at every stage of its operation so that any marginal problem could be identified at the beginning and appropriate measures could be taken as appropriate. For coming to the stage BCCP is standing today, we are grateful to all our dedicated colleagues, the Members of the Executive Board and particularly to the President of the Executive Board, Dr. A. Majeed Khan, whose experience, skills and pragmatism have been vital in establishing the organization to this stage.
Bringing about Nationwide Social and Behavioral Change in Communication

It has become evident that influencing behavior and inducing changes in the mindset of the people utilizing Strategic Communication Approach (SCA) produces tremendous result in ensuring transparency in the procurement system. BCCP launched this nationwide communication program to facilitate the reform of the Government of Bangladesh in the public procurement system. Initiated by the Central Procurement Technical Unit of the Ministry of Planning and implemented by BCCP, the Strategic Communication approach also served to popularize the Public Procurement Act and Public Procurement Rules (PPR – 2008) that aimed at improving the procurement system in Bangladesh.

The objective of SCA was to popularize PPR and e-Government Procurement (e-GP) among the stakeholders with a shift in their mindset about public procurement reforms; engage stakeholders to promote transparency, accountability and fair competition in the public procurement process and e-GP, focusing on Policymakers, Procuring Entities (PE), Bidders, Bankers, Civil Society, Media and the Citizen.

The SCA followed a pathway comprising campaign, advocacy and capacity strengthening. The campaign utilized included mobile apps, SMS, emails and online publicity; campaign; TV and radio commercials, music videos, press ads, cartoons, billboards, etc.

The advocacy part of SCA focused on supporting third party monitoring, orienting and supporting the media people, creating a contractors-government forum, providing e-GP orientations, all of which ultimately increased stakeholders’ engagement in following procurement rules.

The tools of advocacy included workshops, TV talk shows, success stories, advocacy kit, etc. to create demand for transparency and engagement. The Government and Bidders’ (GB) Forum in all the districts facilitated dialogue among the Procuring Entities, bidders and stakeholders for strengthening their capacities.

Without having a clear understanding about good governance and its modus operandi, no group can play appropriate role expected from them. The key players needed to have accurate knowledge and skills to promote transparency and social accountability in order to strengthen their capacity. The SCA included orientation, seminars, meetings and formation of a common platform like the Government and Contractors Forum – all these enhanced the capacity of procuring entities, tenderers, bankers and professionals of Financial Institutions and media professionals on social accountability in order to sustain the practice of ensuring transparency remains alive beyond the life of the project.
A special mention of the iconic theme song produced on e-GP must be made. The 2 minutes 25 seconds long theme song has been developed with the aim of creating a demand for e-GP, describing its benefits with a specific call to action, so that the intended audiences know what is expected from them. The theme song was broadcast on Bangladesh Betar and on 3 other FM Radio Stations. Along with that, the Theme song video also generated a lot of positive attention after being aired on five channels including BTV.

A series of TV Talk Shows were also produced and aired to make the target audiences aware of public procurement reform and share in-depth information with them.

The endline survey revealed that 99.2% of the respondents are aware about SCA activities and 66.0% have knowledge about citizen engagement, while most of the respondents in a baseline survey mentioned that there was no SBCC about public procurement. The respondents rated the effectiveness of SCA activities on a 1-10 point scale above 8 against most of the indicators. 69.7% respondents mentioned that PPR had ensured that the public fund was used in the most efficient ways and 88 % mentioned that PPR brought accountability.

The research concluded that SBCC effectively supported the PPRP II and sensitized the government to emphasize on greater promotion and engagement of citizens and stakeholders to increase social accountability.

The statistics speak volumes about the enormous impact generated from the Communication approach put in by BCCP, and the entire BCCP team is humbled that the Government has taken another 5 year project from July 2017, giving significant emphasis on SBCC.
Strengthening SBCC Capacity towards Improved Health

USAID Ujjiban Social and Behavior Change Communication (SBCC) Project (Ujjiban) is a five-year project (March 2017-2022) implemented with the goal of generating demand for and increasing the use of high quality, maternal, neonatal, child and adolescent health, family planning, nutrition and tuberculosis services and adoption of healthy behavior in Bangladesh. Led by the Johns Hopkins Center for Communication Programs, the in-country implementing partners are Bangladesh Center for Communication Programs (BCCP) and Save the Children. One of the overarching objectives of Ujjiban is to strengthen the Government of Bangladesh’s Ministry of Health and Family Welfare’s (MoHFW) capacity to plan, develop, implement and evaluate SBCC at the central level as well as in Chittagong and Sylhet divisions. To achieve this objective, the Ujjiban BCCP team directly supports MoHFW’s Public Health & World Health (PH&WH Wing; the Information, Education, and Motivation (IEM) Unit of the Directorate General of Family Planning (DGFP); and the Bureau of Health Education (BHE) unit and Institute of Public Health Nutrition (IPHN); and the Tuberculosis and Leprosy (TBL) unit within the Directorate General of Health Services (DGHS).

Workshop
Identify Priority SBCC Capacity & System Strengthening Activities
September 13-14, 2017 | BRAC CDM, Savar

To make Capacity Strengthening (CS) efforts sustainable, Ujjiban applies a three-pronged, holistic approach wherein capacity is enhanced at three levels: individual, organizational, and system level. This approach uses a well-planned and systematic process that includes technical assistance at the national and divisional levels; stimulating approaches to knowledge management; training coupled with experiential learning and mentorship; advocacy for SBCC; and a constant emphasis on coordination and SBCC leadership at MoHFW. Both formal and informal approaches are used, like organizing issue-based workshops and training, and also day-to-day hands-on mentoring, mainly through the resource person embedded by Ujjiban within the units and PH&WH wing.
During the reporting phase, Ujjiban CS Team besides the project start-up, preparatory and planning activities, were engaged in advocating and providing TA to consolidate SBCC sections of relevant Operational Plans of DGHS and DGFP. Drawing on SBCC capacity assessments that were conducted with the IEM, BHE and IPHN, using a standard Capacity Assessment Tool, Ujjiban tailored its unit-specific CS plans. The major interventions so far included supporting development of respective unit-level first year’s activity plan to facilitate effective SBCC; help preparing their training modules to enable them to impart training on SBCC program planning, conducting results-based demand generation activities and increasing field workers’ counseling skills. Orientation has been provided for institutionalizing the SBCC activity monitoring system. In order to strengthen the use of ICT in SBCC, Ujjiban supported improvement of central officials’ as well as field workers’ ICT skills; design BHE’s Facebook page, and update IPHN’s SBCC Digital archive. An outline to develop an eLearning course on TB for field workers was also developed via a consultative workshop. Moreover, coordination meetings with the MoHFW’s PH&WH wing and NIPORT were held, and the mechanism for TA to NIPORT as well as to strengthen MoHFW’s SBCC leadership and governance were identified.

In order to facilitate HPN SBCC within MoHFW, two HPN Coordination Committee meetings; and coordination across the sector two BCC Working Group meetings were held. Moreover, Program Manager’s eToolkit was updated via three subgroup meetings of the BCC Working Group.
Urban Health Promotion Ushers a New Hope

With the mandate of improving the health status of the urban population, specially the poor including women and children, the Urban Primary Health Care Services Delivery Project (UPHCSDP) of the Local Government Division (LGD) of the Ministry of Local Government, Rural Development & Cooperatives (MOLGRD&C) has been continuing to provide primary health care services to the people living in the areas under ten City Corporations and selected four Municipalities of the country. Covering a population of over one million, UPHCSDP provides services through its Rongdhou logo marked 25 Comprehensive Reproductive Health Care Centers (CRHCC) and 113 Primary Health Care Centers (PHCC) run by the selected partner NGOs under the supervision of the Project Implementation Units (PIU) located in the City Corporations and the Municipalities with financial support from a consortium formed of the Government of Bangladesh, ADB, SIDA and UNFPA.

BCCP was engaged to deal with the Behavior Change Communication and Marketing (BCCM) component of UPHCSDP. Taking guidance from PMU and involving the PIUs, the partner NGOs and other stakeholders, BCCP designed the BCCM program of the project taking into consideration the main issues highlighted in the existing BCCM strategy and implemented it. At first, a BCCM related Base-line Survey was conducted against a set of BCCM indicators to have an understanding of the current status of the BCCM activities. Also, a BCC and Training Needs Assessment was conducted to assess the priority issues. The data generated through the Survey and the Assessment helped to develop the program to be implemented.

A three-pronged strategic approach was utilized to bring together individuals, communities and providers to act positively with regard to utilizing the health services provided by the Rongdhou clinics. The strategic approach included Campaign, Community Mobilization and Capacity Strengthening. Each of the activities was interlinked with another and complemented each other.

As planned, a series of campaigns were designed and implemented in the project areas to aware the community about the services available at the Rongdhou marked clinics and create demand for health services as well as to build ability of the target audience to adopt healthy behavior. In this effort, local level campaigns, including local level logo promotional events, were organized in each of the 25 PA Units involving local stakeholders. Also, national level campaigns using mass media was conducted so that Rongdhou clinics get popularity. These initiatives were supported by other matching interventions like production and distribution of different types of BCC materials, organizing essay contest, holding other community awareness raising events etc. that created a synergistic impact. All these produced a good result as the Rongdhou clinics gained more popularity in the locality than before.
For community mobilization, several initiatives were undertaken to build ownership of the local bodies and transform them to advocate for adopting healthy behavior and utilize Rongdhonu clinics’ services. A number of consultation meetings with the local elected leaders were organized at selected City Corporations to orient them on the services delivered by the Rongdhonu clinics and encourage them to get involved in promoting the services. Side by side, orientation programs with local elected and other leaders, including the religious leaders, were conducted in each of the 25 PA Units. These programs significantly contributed in promoting ownership of the UPHCSDP services among the local leaders.

On the other hand, much emphasis was given on strengthening BCCP capacity of the partner NGOs through arranging specifically designed trainings, workshops, hands-on sessions and by giving on-the-job technical assistance. In this area, trainings of different categories of service providers were conducted on Branding, Service Promotion and Customer Services and on IPC/BCC, Community Mobilization and Outreach Activities. Message Development Workshop with mid-level service providers, Advances in Strategic Communication Workshop with senior-level service providers and Advocacy and Social Mobilization Workshop with mid-to-senior-level service providers were the other major initiatives to improve BCCP capacity of different levels of service providers. Also, a Study Tour on Enriching BCCM Skills of different levels of service providers was organized at ICDC, Bangkok, Thailand. In addition, throughout the period, technical assistance continued. These programs helped in improving skills of the service providers in designing, implementing, monitoring and evaluating BCCM programs at all levels.

Towards the end, an End-line Evaluation of the BCCM Component was conducted by an independent research agency. The findings of the Evaluation were shared in a Workshop in Dhaka with representatives from the Ministry, PMU, PIUs, PA NGOs and other stakeholders. The major findings reflected that more people are now aware than before about the Rongdhonu clinics, more people are now satisfied than before with the services of the service providers and more people are now visiting Rongdhonu clinics than before. This upward trend in urban health promotion ushers a new hope that the health status of the urban population in Bangladesh will significantly improve with strengthening of the efforts of UPHCSDP. And for such strengthening, as recommended in the End-line Evaluation, BCCM activities of the project need to be geared up further without any interruption.
NHSDP BCC Interventions Focused on the Sustainability of the Surjer Hashi Clinics

Since last 5 years, BCCP and JHU.CCP have been jointly contributing to the partnership led by the Pathfinder International to implement the NGO Health Service Delivery Project (NHSDP) by promoting optimal healthy behavior among the community people. NHSDP is a five years project funded by USAID that delivers essential services package of primary health care through a nationwide network of local NGOs, static clinics, satellite clinics and community service providers. It caters to the need of over 20 million people in Bangladesh.

In this ending year of the project, BCCP put thrust on the concept of transferring BCC technology to the ‘Shurjer Hashi’ (SH) network so that they can plan and implement the need based BCC activities in order to carry forward the positive health seeking behavior of the people towards sustainability. Hence the initiative of this year mostly focused on developing BCC materials, local level campaign planning, capacity building and BCC program monitoring.

A variety of BCC materials were created for NGO level reproduction. The most significant among them are the BCC Material Compendium Handbook and the Drama Scripts. The BCC material compendium handbook is a summary of all the BCC materials designed, developed and utilized during the life of NHSDP. It contains the image of all BCC materials along with its objective, a summary of the content, the key target audience and the date of production.

Five drama scripts were developed and compiled into a book which was provided to all SH clinics in the NGO network. The drama scripts addressed five key health issues including ANC, PNC, FP, CH and ARH. Using these scripts, SH clinics will be able to provide health information to the members of the community in an interactive and entertaining way during various community engagement events.

BCCP provided hands-on technical assistance to the SH network by jointly organizing Health Fairs at SH clinics. 64 fairs were organized for the community people.

‘People’s Assembly’, another new approach for local level campaign, was tested in collaboration with SH clinics. The purpose of the ‘People’s Assembly’ was to link up community with the facility through engagements and dialogues, demonstrating the benefit of positive health behaviors, and displaying essential health services offered by SH clinics.
BCCP also provided assistance to SH clinics to observe international special events like World Hand Washing Day, World AIDS Day, International Women Day, World Health Day, World TB Day, Safe Motherhood Day, World Population Day and World Breastfeeding Week. Factsheets and banners were developed and utilized; rallies, community meetings and group discussions were held; and discounts for some clinic services were provided. The objectives of the task were to create awareness of the community people on these issues as well as to build capacity of the SH clinic professionals to organize such events in future.

A Regional Media Dialogue on "Journalism in Essential Health Care Services" was held at Khulna with 34 journalists representing national and regional, print and electronic media of Khulna Division attended. The purpose was to have an open dialogue with the local media and share information about the essential health services provided by the SH network in line with national priorities.

The refresher course on IPC/C was conducted to sustain the skills of the SH Clinics. Clinic Managers, Counselors and the NGO-level BCC Focal Persons of all 399 SH clinics attended the training. Prior to the training, IPC/C training curriculum was updated based on the analysis of client's perception.

![Figure 1: Respondent's level of satisfaction on overall quality of care situation by phase*](image)

The third phase of Mystery Client Assessment was conducted in 140 clinics across the SH network in the year 2017 covering 25 NGOs and 32 districts across the country. The process observed the quality of care situation using a checklist in terms of 'clinic environment', 'counseling' and 'services of service provider' on specific aspects of ANC, FP, CH and Limited Curative Care (LCC). The exercise was undertaken in collaboration with SH clinic professionals in order to transfer the skills with them. SH Clinics can plan, implement and monitor BCC activities independently and thereby become sustainable.
Tobacco Control Research Deserves Some Limelight

As concerned citizens of Bangladesh, we are aware that there are many laws and regulations that are an integral part of the constitution but are ignored by the people living in this country. The laws relating to tobacco are perhaps the best example. Just as it is illegal to sell or drink alcohol in some areas, smoking also is under similar restrictions, but we can see people smoking even in public places! Not only is this affecting the health of the smoker, but it is equally affecting the health of all passive smokers. So, tobacco and its tremendous health hazards should be researched and publicized to help the community.

BCCP appreciates this concern to a greater degree than other health-related programs in Bangladesh. Statistics show that there were few research projects on this topic in the previous years. The formulation of the Tobacco Control Law in 2005 and the Amendment in 2013 necessitated an evidence base to be created for tobacco control policy to work in the country. Thus the Research Grant Program came into existence.

From 2013 to 2017, 70 research studies were compiled in the programs which were initiated by the Institute for Global Tobacco Control (IGTC) at Johns Hopkins school of Public Health (JHSPH), USA. These included competent researchers from the student and researcher categories. Each year the selection of research proposals goes through an extensive three-step-review process. The review panel comprised renowned researchers, tobacco control experts and policy experts.

BCCP is proud of its Research Team as it provides quality assistance through its members to ensure quality data collection. It provides effective mentorship which is unique in nature.
Besides the research, grantees are provided mentorship to prepare manuscripts for journal publication immediately after the research grants are utilized. The findings are presented each year through a Dissemination Conference. It is expected that government and non-government sectors and other stakeholders working in tobacco control in Bangladesh will consider the findings while planning effective tobacco control programs.
The Research Hub for Tobacco Control in Bangladesh

Bangladesh Tobacco Control Research Network (BTCRN) was formed in 2013 by a group of enthusiastic researchers to promote tobacco control research under the auspices of The Bloomberg initiative to reduce tobacco use. This project has been undertaken by BCCP in collaboration with the Institute for Global Tobacco Control (IGTC), Baltimore, USA. The network has already established itself as a specialized forum to promote tobacco control research in Bangladesh.

It provides technical assistance to BCCP in implementing a competitive Tobacco Control Research Grant Program to build research capacity, especially among the young researchers. It offers technical support to organize annual Research Findings Dissemination Conferences on Tobacco Control. It is responsible for developing and launching the BTCRN website and acts as a research hub for tobacco control in Bangladesh. It also conducts seminars to facilitate the review of specific journal articles. Discussion in relation to the latest findings on tobacco control research and their implications for new policy development is also conducted.

The mentorships provided to the young researchers for journal publication is a unique example. BTCRN initiates research Capacity Building Programs and submits protocols/proposals to potential donors for program sustainability. Moreover, it also builds networks/connections with different potential donors and other networks at home and abroad. The success of BTCRN has become apparent as different organizations and individuals have communicated that they utilize the resources posted on the BTCRN website. The Government of Bangladesh and different universities have committed to collaborate with BTCRN to make use of its valuable facilitations.

The first fee-based Research Methodology course began in December 2017 and we are hopeful that this course will be as popular as our other programs and will be found useful by those who are interested in honing their research skills.
## Research Studies Conducted in 2017

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<thead>
<tr>
<th>SL</th>
<th>Title</th>
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<tbody>
<tr>
<td>01</td>
<td>Cigarette Selling to and by the Minors in Bangladesh: Policy Gaps and Implementation Challenges</td>
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<tr>
<td>02</td>
<td>Influence of Social Media and Peer Group on Smoking among Selected Public &amp; Private University Students in Urban Dhaka</td>
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<tr>
<td>03</td>
<td>Factors Influencing Tradition of Smokeless Tobacco Use in Rural Communities of Bangladesh</td>
</tr>
<tr>
<td>04</td>
<td>Business of Loose Cigarettes and Losing of Tobacco Control: Current Situation in Urban Areas of Bangladesh</td>
</tr>
<tr>
<td>05</td>
<td>Smoking Behavior among TB Relapse Cases at Tertiary Level Hospitals in Dhaka City of Bangladesh</td>
</tr>
<tr>
<td>06</td>
<td>The Relationship between Tobacco Consumption Habits and Road Traffic Accidents: A Study among the Heavy Vehicle Drivers in Bangladesh</td>
</tr>
<tr>
<td>07</td>
<td>Implementing Tobacco Control Law in Bangladesh: Challenges and Way Forward</td>
</tr>
<tr>
<td>08</td>
<td>Effectiveness of Tobacco Control Measures at Public and Private University Campuses in Bangladesh</td>
</tr>
<tr>
<td>09</td>
<td>Exploring Institutional Mechanisms for Economically Sustainable Alternatives for Tobacco Farmers</td>
</tr>
<tr>
<td>10</td>
<td>Socioeconomic Inequalities in Secondhand Smoke Exposure at Home in the Context of Mother-child Pairs in Bangladesh</td>
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## Research Studies Conducted in 2016

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<th>Title</th>
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<tbody>
<tr>
<td>01</td>
<td>Relationship between Sale of Tobacco Products by Children and Their Attitude and Practice Regarding Tobacco Intake</td>
</tr>
<tr>
<td>02</td>
<td>Impact of Taxation on the Consumption of Cigarettes: A Study on Smoking Behavior among the Undergraduate Students</td>
</tr>
<tr>
<td>03</td>
<td>Socio-Economic Impact of Tobacco Cultivation in Bangladesh: A Study in Kushtia District</td>
</tr>
<tr>
<td>04</td>
<td>Marketing Strategy of E-cigarettes in Bangladesh</td>
</tr>
<tr>
<td>05</td>
<td>Prevailing Social Obstacles in Keeping Homes Tobacco-free in Urban Areas: Realizing Ways to Overcome the Challenges</td>
</tr>
<tr>
<td>06</td>
<td>Insight of Plain Packaging among the Adult General Population in Dhaka City</td>
</tr>
<tr>
<td>07</td>
<td>Status of Graphic Health Warning on Tobacco Packs: A Study among a Low Socio-economic Group in Bangladesh</td>
</tr>
<tr>
<td>08</td>
<td>Health and Environmental Impacts of Tobacco Farming in Selected Districts of Bangladesh</td>
</tr>
<tr>
<td>09</td>
<td>Price Elasticity, Social Norms, Tobacco Control Policies and Smoking Behavior among Students in the South-west Region of Bangladesh</td>
</tr>
<tr>
<td>10</td>
<td>Mapping Land Use and Land Cover Changes due to Tobacco Cultivation in Bangladesh and their Public Health Impacts</td>
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Believe in Peace, Work Together

After the remarkable success of the Rajshahi Student Leadership Development Workshop (RSLDW), BCCP feels privileged to have been able to create a platform for fostering a healthy relationship between the police and the community. Months of hard work, intensive brain-storming and strong team spirit are the factors that led to the achievements attained through RSLDW.

Bringing the police and the students together opened the gates to communal harmony and peace. The police are protectors of the community, but there is a common belief that they are not always helpful or cooperative and this has been changed. On the other hand, the students are the most integral part of society and so by making them communicate with the police, BCCP helped them to be friendly and cooperative towards each other.

During the series of workshops, the police and the students were not distinguished as separate groups; they were both put together as participants. As a result, they behaved like peers towards each other. A major focus of this workshop was on encouraging the students to develop their leadership qualities so that they could identify and address the root causes of instability, radicalization, extremism and other impediments to peace in society. They exchanged views and had their share of agreements and disagreements. The workshop curriculum was designed in such a way that the participants could connect on various levels and become motivated to help the community. The Focus Group Discussions conducted at the beginning and the end of the workshop with the same participants have helped BCCP to make an evaluation of how effective the workshop has been in developing a mindset which is positive for the community.

It is truly commendable that after the workshop ended, the participants have kept their rapport alive and have taken initiatives to help the community. Student Policing Forums have been established in various educational institutions, which help the students to easily report any behavior that seems illegal or reprehensible in nature. The fear in relation to reporting crimes has almost disappeared after the Forums were put in place. In addition, Blood Donation Clubs have also been established to help those in need.

BCCP is humbled by the massive response it was able to generate through RSLDW. Many students have told to the BCCP team that such workshops should happen more frequently so that the learning experience can continue. The encouragement and fruitful results generated after RSLDW have inspired BCCP to take up the initiative to conduct another Student Leadership Development Workshop in Chittagong. The BCCP team is determined to put in the same level of effort and determination, or even more to have yet another successful Student Leadership Development Workshop that will contribute in strengthening peace and harmony in the society.
According to Miss World, 2017, the profession that deserves the highest amount of respect is that of a mother. Women embark upon a risky journey as they give birth to a child. The emotions involved are crucial but it cannot be denied that the timely delivery of a healthy baby needs tremendous support from the woman’s family as well as access to reliable health care services. Keeping this sentiment alive, the Plan International Bangladesh implemented the “Born On Time” initiative in 6 upazilas (Pirganj, Gangachara, Kaunia, Mithapukur, Taraganj and Pirgachha) of Rangpur district. Funded by Global Affairs Canada and Johnson & Johnson, the project aims to contribute to the reduction of preterm birth rates.

Through an integrated approach, the project addressed Lifestyle, Infection, Nutrition and Contraception (LINC) factors including promoting healthy lifestyle changes, improved screening and treatment of infections during pregnancy, nutrition counseling and supplementation, family planning counseling and services. In attaining the objectives of the program, it had to depend upon creating an awareness among the members of families and communities irrespective of age and sex that communication serves as best when it is grounded upon research and guided by a strategy.

Thanks to the mastery that BCCP has acquired over the years in developing, implementing and evaluating the impact of communication strategies, the organization was assigned to deal with the communication component of this project. BCCP conducted a desk review to internalize the program and the challenges it would meet. A formative research was conducted in order to understand the deeper causes as well as to gather other pertinent information required to develop the Social and Behavior Change Communication (SBCC) strategy and to identify effective communication messages. Major interventions include a message development workshop; a consultative meeting with the key stakeholders to share the final draft research report and outline the SBCC Strategy; and develop a SBCC Strategy to provide strategic guidance in terms of making the people aware and foster positive behavior change in order to prevent preterm birth.

However, the success of this initiative will largely depend upon how well the target audience and other people of the community prepare themselves to cooperate with the initiative. BCCP gave priority to create a strategy that is capable of convincing the people to let go of archaic superstitions and step forward to take care of pregnant women so that both mother and child can be healthy and delivery can take place on time. Once implemented as designed, the project is expected to largely contribute in letting babies be born on time, a major factor for reducing preventable maternal and child mortality and morbidity.
The world has gone digital. From morning to night, we all are dependent on our smartphones and laptops. After iBooks came into the virtual market, printed books have lost much of their appeal. With the speedy development of technology, we are also adapting to the new inventions and making good use of them. BCCP did exactly that after being selected by the Health Communication Capacity Collaborative (HC3) project, led by the Johns Hopkins Center for Communication Programs (CCP), to officiate as the Asia Regional Secretariat of the Springboard for Health Communication Professionals - an online space for sharing Social and Behavior Change Communication (SBCC) knowledge, experiences and resources to improve the practice of health communication for improved health of the community. HC3 is a global flagship project funded by the USAID.

As the Asia Springboard Secretariat, BCCP forged strategy for the expansion of the Springboard concept for the promotion of SBCC professionals in Asia and supported the development of country Springboard chapters in the Asia region from October 2014 to September 2017. The Secretariat took the initiative to launch the country Springboards in Nepal and India with enthusiastic support from the local mission offices of USAID.

The Secretariat team supported the India and Nepal Springboards to build their virtual community of practice (CoP) complemented by face-to-face meetings with an evidence-based Guideline for Promotion of the Springboard. The guideline was developed by the Secretariat team based on their experience in introducing and promoting the Bangladesh Springboard and was shared with the Pakistan and Vietnam Springboards for their use. Recently concluded Fifth Springboard Advisory Council meeting recommended to share the guideline among the member countries globally.

The Springboard HC3 team announced a global competition to encourage members to complete their profiles. Like last year, in order to promote the Springboard regionally, the Secretariat team produced promotional materials this year and distributed them to advisory council meetings and to the India, Nepal and Pakistan country Springboards for use in various events. The Bangladesh Springboard team planned distribution and used these materials in local events and meetings to promote Springboard widely.
In April 2017, Susan Krenn, Executive Director, CCP offered the ‘Biggest User Challenge’ to Springboard members to engage into the platform. The Bangladesh Springboard team worked with great enthusiasm to engage members into the platform as part of taking up the challenge. During this period, membership increased with greater participation of existing members. The Springboard Regional Secretariat team organized an orientation on the Springboard in BCCP to assist members in embracing the challenge.

The Bangladesh Springboard will continue to enhance SBCC professionals’ digital capacity to calibrate the strategic communication principles and practices in the greater interest of the health beneficiaries who would quickly adopt healthy behavior patterns from these digitally empowered professionals. This is comparable to setting a national target of having skilled and qualified children enhance the teachers’ digital capacity to groom the future generations.

Health, nutrition and population sector have an analogous importance in the nation’s health building efforts for taking advantage of the virtual/digital professional forum to strengthen capacity, thereby educating the community to quickly achieve better health outcomes. The Bangladesh Springboard will continue to enhance SBCC professional’s digital capacity to calibrate the strategic communication principles and practices for the greater benefits of the health beneficiaries.
Let's Protect our Children

Children are synonymous with delicacy and care. However, the rising statistics in the number of child workers and incidents of violence against children are stating otherwise. With the objective of helping the deprived and victimized children, BCCP took an initiative to stand by the children who encounter different types of violence, namely sexual abuse, hard labour and extreme torture. Through a number of planned interventions, BCCP could contribute to replace the mops from their hands with books and stationery. It has come to let those underprivileged children feel that as the future generation they are important for the country and its development.

BCCP has taken vigorous steps to raise awareness in the community about the types of violence that children are facing on a daily basis. With effective social mobilization, BCCP has moved forward with its team to inspire individuals of various professions to come forward and expose the different types of violence in the society and suggest ways of preventing it.

Social Mobilization was executed by Community gatherings, Life Skill Workshops, Interactive popular theatre, Video Screening, Future Search Conference and the Violence against Children (VAC) Forum.

Community Action for Child Protection from Violence (CACPV) took a three-pronged approach for detecting, preventing and/or responding to any form of Violence Against Children (VAC) and rehabilitating victims by changing or strengthening societal and behavioral aspects through raising awareness; sensitization; networking and developing capacities of gatekeepers and stakeholders; protecting and helping victims of violence; and providing all sorts of legal support.

This 3-year project of the Family Planning Association of Bangladesh (FPAB) is being implemented in partnership with Aparajeyo Bangladesh, BCCP, the Bangladesh Legal Aid and Services Trust (BLAST) and the Japanese Organization for International Cooperation in Family Planning (JOICFP), and is funded by the European Union.

Bringing together school teachers, media personalities, government officers and other stakeholders in community gatherings put together to identify the types of violent activities taking place around the locality brought results. It was remarkably coordinated by the Future Search Conference and implemented by the Violence against Children (VAC) Coordination Forum. The present trend of violence against children and the role of the community in dealing with the problem were accurately identified. As a result, it is expected that violence against children will be curbed to a great extent.
**BCCP’s Cornerstones of Success**

Over a span of two decades BCCP built itself from the ground up. As a learning organization, building on its experience as the country office of JHU.CCP, BCCP emerged as a vanguard in the field of Strategic Communication employing innovative community mobilization activities, orchestrating media campaigns, policy and local advocacy; integrating ICT based applications. Concomitant to these BCCP pioneered the enter-educate approach in Bangladesh and utilized it to capture and retain the attention of the audience to induce positive behavior change thereby achieving the program objectives.

To name but a few of the symbols that turned as BCCP’s success story and paved its journey forward:

- The **Green Umbrella** logo campaign brought integrated MCH-FP services together and thus symbolized the Umbrella. As a result health and family planning service centers provided integrated services at the doorsteps.

- The emergency obstetric care (EOC) logo linked people and EOC health centers to save lives of pregnant women. Multi-million copies of the EOC pictorial card containing danger signs in pregnancy were printed and distributed by numerous agencies. The pictorial card soon became a national card.

- The **Surjer Hashi** logo brands the largest consortium in Bangladesh promoting service sites and healthy behavior supporting GOB HNP program. The program covers millions of people through its static clinics and satellite clinics branding the logo.

- The **Nijke Jano** logo through the Adolescent Reproductive Health (ARH) Campaign symbolizing a historical landmark that ushered a healthy life for adolescents in the country. The ARH toolkit containing booklets, facilitation video and comic books were replicated several times over by GOB, UNICEF, UNFPA, SAVE and other INGOs marking the beginning of adolescent friendly services.

- The Rainbow logo stands as a symbol of quality primary health care services for the urban population in Bangladesh. Promoted through well-orchestrated campaigns both at central and local levels, this brand now links the health service seeking urban population, specially the poor including women and children, with the service centers of the Urban Primary Health Care Services Delivery Project run through public-private partnership under the guidance of the Local Government Division.
Who we are

We are a leading strategic communication organization providing one-stop services for the social development sector, both in Bangladesh and in the Asia region.

We emerged in 1996 as the successor to the Bangladesh office of the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU.CCP), USA.

What we do

We empower people through strategic communication to build a society that enables a healthy, poverty-free better life.

How we work

- Listen to our audience
- Plan and implement strategies
- Innovate
- Inspire people
- Build synergy
- Produce results

Our areas of expertise

- Communication research
- Strategy development
- Brand development
- Mass and social media campaigns
- Communication tools and materials development
- Advocacy and Community mobilization
- Entertainment-education
- Knowledge management
- Monitoring and Evaluation
- Capacity strengthening for strategic communication
We follow

13 professional behaviors of highly effective people

- Listen first
- Demonstrate respect
- Extend trust
- Right wrongs
- Get better
- Deliver results
- Practice accountability
- Face reality
- Keep commitments
- Show loyalty
- Talk straight
- Clarify expectations
- Create transparency


The "P" process is a tested and proven communication project planning process, and an effective tool for designing and implementing scientific and behavior-oriented programs.

Courtesy: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (JHU.CCP)

Operating from its own premises, BCCP has established a strong portfolio of successful projects, covering a wide range of issues with diversified funding sources.
Composition of BCCP’s Executive Board

Dr. A. Majeed Khan
President
Eminent Educationist

Mr. Ali Ashfaq
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
Management and Communication Specialist
BCCP’s Senior Professionals and Expertise

Mohammad Shahjahan
Director & CEO
Communication Policy, Strategic Design and Management Specialist

Key Program Professionals

Dr. Zeenat Sultana
Acting Program Director
Advocacy, Program Management and Implementation

A. K. Shafiqur Rahman
Joint Director (Development)
Program and Organizational Development, Capacity Building

Dr. Nazrul Haque
Senior Deputy Director (Implementation)
Program Implementation, Emerging and Re-emerging Diseases

Khadija Bilkis
Senior Deputy Director (Community Mobilization)
Community Mobilization, Program Management and Implementation

Dr. Shahida Haque
Senior Deputy Director (Research & Evaluation)
Research Design, Program Evaluation and Result Dissemination

Dr. Md. Shahidul Alam
Deputy Director (Training)
Capacity Building, Project Implementation
Kanta Devi
Deputy Director
(Knowledge Management & Networking)
Communication, Documentation and
Knowledge Management

Dr. Md. Kapil Ahmed
Deputy Director (Research & Evaluation)
Research Design, Program Evaluation and Statistical Analysis

Meher Afroze
Deputy Director (Program & Gender)
Program Implementation, Gender Issues

Dipak Kanti Mazumder
Senior Communication Specialist
Program Conceptualization, Communication & Technical Support to MoHFW

Mohiuddin Ahmed
Senior Communication Specialist
Program Conceptualization, Communication & Technical Support to IEM, DGFP

Md. Mamunur Rashid
Senior Communication Specialist
Program Conceptualization, Communication & Technical Support to BHE, DGHS

Khandoker Abu Jafor Md. Saleh
Senior Communication Specialist
Program Conceptualization, Communication & Technical Support to IPHN, DGHS

Badal Krishna Halder
Assistant Director (Training)
Capacity Building, Program Management

Mohammad Shamimul Islam
Program Manager
Program Management and Implementation

Abu Hasib Mostafa Jamal
Program Manager
Program Management and Implementation
Key Corporate, Finance & Admin Professionals:

Md. Motaherul Haque
Joint Director (Corporate)
Corporate Affairs, Program Management

Mohammad Yousuf
Senior Deputy Director (Finance & Planning)
Financial and Accounts Management

Md. Mostafizur Rahman
Deputy Director (Audit & Financial Compliance)
Management of Financial Audit and Donor Compliance

Jahangir Hossain Sharif
Deputy Director (Business Development)
Program Conceptualization, Coordination and Proposal Development

Biman Barua Chowdhury
Deputy Director (Administration)
Program Support and Administrative Management

Md. Ahsan Ullah
Assistant Director (Finance)
Accounts and NGOAB Matters

Maloy Biswas
Assistant Director (Contract & Audit)
Contract, Accounts and Audit

Kazi Jamal Hasan
Administration Manager
Program Support, Logistics, Maintenance

Md. Shirajul Islam
Estate and Maintenance Manager
Building, Assets and Transports Maintenance
BCCP recognizes technical and financial support from
GoB, ECB,
USAID, ADB, WB, DFID, IGTC,
US Embassy, European Union, ILS, NHSDP,
UNFPA, JHSPH and NI
for accomplishing current programs.
## Contribution of BCCP to Bangladesh Government Exchequer

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<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BDT</td>
<td>USD</td>
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<td>1</td>
<td>Tax Deduction at source by third parties</td>
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<td>24,819.93</td>
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<td>2</td>
<td>Tax Deduction at source from third parties</td>
<td>5,391,533.00</td>
<td>67,394.16</td>
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<td>3</td>
<td>Tax Deduction at source from staff salary</td>
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<td>VAT Deduction at source by third parties</td>
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<td>5</td>
<td>VAT Deduction at source from third parties</td>
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<td>Total</td>
<td>32,958,497.00</td>
<td>411,981.21</td>
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</table>
Auditor’s Report

AZIZ HALIM KHAR CHOWDHURY
Chartered Accountants
Exclusive Correspondent Firm of PKF International

Corporate Office :
House # 64 (1st & 2nd Floor), Road # 12A
Dhanmondi, Dhaka-1209

Independent Auditors’ Report
To the Members of the Executive Board of
Bangladesh Center for Communication Programs (BCCP)

We have audited the accompanying Consolidated Financial Statements of Bangladesh Center for Communication Programs (BCCP) which comprise of the Consolidated Statement of Financial Position as at 30 June 2017 and related Consolidated Statement of Income and Expenditure and Consolidated Statement of Receipts and Payments for the year ended 30 June 2017 and a summary of significant accounting policies and other explanatory information.

Management’s responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these Consolidated Financial Statements in accordance with Bangladesh Financial Reporting Standards (BFRSs). This responsibility includes, designing, implementing and maintaining internal control relevant to preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in circumstances.

Auditors’ responsibility
Our responsibility is to express an opinion on these Consolidated Financial Statements based on our audit. We conducted our audit in accordance with Bangladesh Standards on Auditing (BSAs). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the Consolidated Financial Statements referred to above give a true and fair view of the financial position of the organization as at 30 June 2017 and its financial performance for the year then ended in accordance with Bangladesh Financial Reporting Standards (BFRSs) and comply with the applicable laws and regulations.

We also report that
a) we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit and made due verification thereof;
b) in our opinion, proper books of account have been kept by the organization management so far as it appeared from our examination of those books; and
c) the organization’s Consolidated Statement of Financial Position and Consolidated Statement of Income and Expenditure dealt with by the report are in agreement with the books of account.

12 November 2017
Dhaka

Aziz Halim Khair Choudhury
Chartered Accountants
# AIZ HALIM KHAIRO CHAUDHURY
Chartered Accountants
Exclusive Correspondent Firm of PKF International
Bangladesh Center for Communication Programs (BCCP)
Consolidated Statement of Financial Position
As at 30 June 2017

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Notes</th>
<th>As at 30 June 2017</th>
<th>As at 30 June 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
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<tr>
<td>Non-Current Assets</td>
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<td></td>
<td></td>
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<tr>
<td>Property, plant &amp; equipment</td>
<td>3.00</td>
<td>83,731,952</td>
<td>87,423,842</td>
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<tr>
<td>Sub-total</td>
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<td>83,731,952</td>
<td>87,423,842</td>
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<tr>
<td>Current Assets</td>
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<td>Security deposit</td>
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<td>112,586</td>
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<tr>
<td>Advances &amp; prepayments</td>
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<td>Receivable from Donors</td>
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<td>Accounts receivable</td>
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<td>787,500</td>
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<tr>
<td>Cash &amp; cash equivalents</td>
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<td>26,984,944</td>
<td>47,490,528</td>
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<td><strong>Sub-total</strong></td>
<td></td>
<td>83,661,796</td>
<td>75,710,322</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>167,393,748</td>
<td>163,134,164</td>
</tr>
</tbody>
</table>

| Fund and Liabilities              |       |                    |                    |
| Fund                              |       |                    |                    |
| Fund Account                      | 9.00  | 133,676,588        | 121,668,412        |
| General reserve                   |       | 31,854             | 15,071             |
| Retained earnings                 |       | 67,416             | 60,285             |
| **Sub-total**                     |       | 133,775,858        | 121,743,768        |
| Non-current liabilities           |       |                    |                    |
| Long term loan                    | 10.00 | -                  | 4,708,327          |
| Current Liabilities               |       |                    |                    |
| Staff Benefits Payable            | 11.00 | 33,062             | 23,030,822         |
| Accounts payable                  | 12.00 | 31,543,517         | 6,226,262          |
| Provision for expenses            | 13.00 | 420,184            | 356,827            |
| Security deposit payable          | 14.00 | 21,125             | 568,152            |
| Current portion of Long Term Loan | 15.00 | 1,500,000          | 6,500,004          |
| **Sub-total**                     |       | 33,617,890         | 36,682,067         |
| **Total Liabilities**             |       | 33,617,890         | 41,390,395         |
| **Total Fund and Liabilities**    |       | 167,393,748        | 163,134,164        |

The Project/program wise Statement of Financial Position are shown in Annexure-C is an integral part of the Consolidated Statement of Financial Position.

Mohammad Yousuf  
Sr. Deputy Director, Finance & Planning  
BCCP  

Mohammad Shahjahan  
Director & CEO  
BCCP

Signed in terms of our separate report of even date annexed.

Aziz Halim Khair Chaudhury  
Chartered Accountants

12 November 2017  
Dhaka
<table>
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<th>Particulars</th>
<th>Notes</th>
<th>2016-2017 BDT</th>
<th>2015-2016 BDT</th>
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<td>Income</td>
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<td></td>
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<tr>
<td>Contribution from foreign donor</td>
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<td>Contribution from Government of Bangladesh</td>
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<td>Local contribution</td>
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<td>Overhead cost recovery from Bilateral projects</td>
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<tr>
<td>Revenue</td>
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<td>Bank Interest</td>
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<td>Membership fees</td>
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<td>14,650</td>
<td>21,600</td>
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<td><strong>Total Income</strong></td>
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<td><strong>260,793,614</strong></td>
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<td>Expenditure</td>
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<tr>
<td>Direct Expenses</td>
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<tr>
<td>Payroll and benefits</td>
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<td>Travel and transportation</td>
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<td>General operating expenses</td>
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<td>Training &amp; workshop</td>
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<td>Professional services</td>
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<td>Survey, evaluation and audit fees</td>
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<td>Other direct &amp; IEC support expenses</td>
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<td>Facilities &amp; administration expenses</td>
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<td>Income taxes</td>
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<td>Value added tax</td>
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<td><strong>Loss on disposal of fixed assets</strong></td>
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<td><strong>Indirect Expenses</strong></td>
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<td>Common general operating cost</td>
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<td>Printing &amp; general expenses</td>
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<td>Meeting &amp; Conference expenses</td>
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<td>270,541</td>
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<tr>
<td>Legal and professional expenses</td>
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<tr>
<td>Staff welfare, morale &amp; motivational expenses</td>
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<tr>
<td>ICT related Cost</td>
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<td>Financial expenses/bank charges</td>
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<td>15,518</td>
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<td><strong>Total Indirect Expenditure</strong></td>
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<td><strong>Total Expenditure</strong></td>
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<td><strong>260,716,258</strong></td>
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</tbody>
</table>

The Project/program wise Statement of Income and Expenditure are shown in Annexure-D is an integral part of the Consolidated Statement of Income and Expenditure.

_Signed in terms of our separate report of even date annexed._

12 November 2017
Dhaka

Mohammad Shahjahan
Director & CEO
BCCP

Aziz Halim Khair Choudhury
Chartered Accountants