Final Report on the Ahsania Mission Cancer and General Hospital Awareness and Fund-Raising Campaign Ottawa 2012

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The 2012 Ottawa Campaign Team, Ottawa, Canada December 5, 2012

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1. Introduction

On May 13, 2012 a group of Bangladeshi expatriates in Ottawa convened with the hope of making a positive contribution in Bangladesh. While there are many avenues to do so, the team unanimously decided to take up the Ahsania Mission Cancer and General Hospital (AMCGH) project as their first venture. Two factors contributed to the selection of the AMCGH project: a) profound personal links of some of the team members to cancer; and b) the sustainable nature of the project, which is committed to deliver cancer treatment to the poor who otherwise would not be able to afford access to cancer treatment.

The AMCGH awareness building and fund raising team in Ottawa is now pleased to announce the end of its very successful five-month long campaign (from May 13 to October 13, 2012). This report is an account of our experience over the campaign period. Through this report we hope to inform the Dhaka Ahsania Mission (DAM), and in particular the AMCGH Administration Authority, of the activities undertaken by the team as well as to highlight some of the challenges we faced during our campaign. The report also provides a financial summary of our fundraising campaign.

2. Campaign Plan and the Modus Operandi

The team primarily targeted the non-resident Bangladeshi community living in the Ottawa-Gatineau region for its fund raising campaign. The first task for the team was to determine the length and timing of the campaign period. The team decided to arrange a fund-raising event in mid October 2012 – five months from the campaign initiation in May 2012. Setting the event date in the fall season allowed the team ample time to plan the event. However, from the very beginning the team felt that in order to run a successful campaign it first needs to raise awareness of the cause in the Bangladeshi community. By participating in different community activities, such as picnics, festivals, iftar-mehfils, eid reunion parties, Terry Fox Run, the team disseminated information about the hospital and raised cancer awareness in the community. During these events, the team also raised substantial amount of money by selling home-made food, drinks, raffle draw tickets, and used household items. The team also accepted small denomination donations by setting a donation box in each event. More importantly, participation in these events helped set the stage for the scheduled fund-raising event in October.

During the five-month long campaign the team decided not to have a rigid organizational structure (with designated positions such as President, General Secretary and so on). Instead, all

members of the team were deemed as *equal* contributing members. This informal, non-organizational look provided the campaign team with the opportunity to approach potential donors from all backgrounds. The campaign was always meant to be non-political and non-denominational.

For greater efficiency, the team formed a few sub-committees for performing specific tasks (e.g. financial management, food management, material development, cultural component for the fundraising program etc.)¹ Each of these committees was given individual objectives, the authority to identify and execute the tasks, and to report back to the bigger team for final decision. While each committee carried out its tasks at its own pace, the whole team met fortnightly on a regular basis to evaluate, modify and set future course of action for the campaign as a whole, with the exception of the last four weeks before the gala event, when the team met every week to monitor progress of the ongoing activities.

3. Charity Evening for Cancer

The five month long AMCGH awareness and fund raising campaign culminated in the flagship event on October 13, 2012 at a community hall in Ottawa. The program, themed around charity, was called "ক্যানমার জয়ের সগ্লমদ্ধা" - A Cancer Benefit Evening. A capacity audience of 350 attended the program. The program began on time with a brief cultural segment, where local artists and children of Bangladeshi expatriates presented Bengali and English inspirational songs and dances.

The second part of the program featured speeches. Dr. Shahidul Islam (a renowned Cancer Specialist at the Ottawa General Hospital and the Director of the Anatomical Pathology program at the University of Ottawa) gave an account of the disease from a physician's perspective. Mr. John Swettenham (General Manager, Marketing at the Canada Post Corporation) then followed and shared his views of being an avid volunteer with the Terry Fox Foundation for 15 years. Two cancer survivor stories – presented by Mr. Subrata Sarker and Ms. Zohra Ferdousy – portrayed the human face of the disease. A video message from the DAM President, Mr. Rafiqul Alam, was shown along with a video presentation on the AMCGH project. The program concluded with a fund raising appeal by David Smith, a well-known local philanthropist. The program was highly praised by the audience for its punctuality, content, creativity, and professionalism. The team

¹ For a list of the all the committees, please see Annex A.

received lots of accolades for taking up on such a noble cause and was assured of continued support in similar events/initiatives in future.

4. Funds Raised/Collected

The net amount of funds raised is CAD \$22,250.68 which is being transferred to the AMCGH by Human Concern International, a Canadian charity organisation. In addition, two Bangladeshi expatriates living in Ottawa donated BDT \$91,000 (approximately CAD \$1,050), which will be handed over to the AMCGH directly in Bangladesh. The team tried its best to minimize the administrative costs while running the fundraising and awareness campaign. All team members had engaged their own resources, and had sacrificed family time, to make the whole campaign successful. The detailed financial account is presented in the Annex B.

5. The Challenges Faced by the Campaign Team

During this five-month long campaign, the team encountered a few challenges. While some of them were trivial and could be resolved quickly, a few challenges were significant and required some attention. We highlight such challenges below for DAM's and AMCGH Administration's careful review. It is worth noting here that the AMCGH Administration responded promptly to any of our concerns whenever we had brought them to their attention. We believe that a continuation of the manner in which AMCGH Administration responded to our requests would greatly help future initiatives resolve unforeseen impediments. However, there are some rooms for improvement, and we hope that the following account of the challenges and the team's approach to resolving them would help the AMCGH Administration address some of the underlying issues.

5.1 Misperception about the link between DAM and the Nawab Family of Dhaka

One of the significant challenges, that arose somewhat unexpectedly, was the misperception in the community about the DAM's link with the Nawab Family of Dhaka. To resolve this misperception, the team created a fact sheet, based on the information available in the DAM's websites and other sources, and disseminated it within the community on an 'on-demand' basis.² Also, in some cases, people tend to mistakenly perceive the name 'Ahsania Mission' associated

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² The fact sheet is attached in Annex C.

with a particular religious political party in Bangladesh. We hope that the DAM and AMCGH Administration will take this issue of misperceptions seriously and communicate its vision, mission, and affiliation more effectively in the official website.

5.2 The official website of the AMCGH project

We cannot emphasize enough the importance of maintaining a virus free website at all times. The team faced a dilemma, – given that most of the information to nullify the misperceptions about the cancer hospital was available on the AMCGH's official website, the team could not direct interested readers to the website in fear of begetting another misperception. In particular, the team was concerned that a virus-infected website would reflect badly on the AMCGH, and would raise questions about the professionalism and the integrity of the project authority. The team commends AMCGH's effort towards making its official website virus free when it was brought to its attention.

5.3 Online options for donations

Another significant challenge met by the team was the issue of not having an option for making online donations using credit card/PayPal. During the campaign, the team had been repeatedly asked to communicate to DAM and AMCGH Administration that, for greater efficiency, the hospital authority needs to be able to accept donations via its official website. We ask the responsible authority to explore this possibility.

5.4 Addressing the challenges: partnering with a local charitable organization

The campaign team addressed the above issue by partnering with a local charitable organization, Human Concern International (HCI). The team arranged an official *Memorandum of Understanding* (MOU) between DAM and HCI. The signing of the MOU rendered three benefits: i) it allowed the team to accept donations made using credit cards/debit cards; ii) it allowed the team (via HCI) to provide tax-deductible charity contribution receipts to the donors, which in turn encouraged more donors to come forward; and iii) it strengthened the legitimacy and the transparency of the fund-raising initiative. In this regard, the team acknowledges AMCGH Administration's effort in signing the MOU in a timely manner.

5.5 Addressing the challenges: public communication, update to the community and transparency During the campaign the team realized the value of open communication with the community at large. In this aspect, the team acknowledges the prompt cooperation received from AMCGH

Administration in terms of providing the team with endorsements from eminent Bangladeshi personalities (e.g. from Barrister Rafique-ul Huq, Advocate Sultana Kamal, Professor Abdullah Abu Sayeed and others), and other written materials from time-to-time. This, along with the team's sincere effort to keep the community apprised of campaign progress, helped develop a transparent image of the team, which motivated donors to participate to the AMCGH's cause.

6. Recommendations for Future

In light of the above account of our experience, here are a few recommendations for your due considerations:

- The DAM Administration should look into the issue of how to effectively nullify the misperceptions about its history and affliliation. The official AMCGH website should be kept virus free and it needs to be updated on a regular basis.
- The AMCGH Administration should take steps to accept online donations.
- The AMCGH Administration should explore opportunities with other Bangladeshi expatriate communities to have MOUs signed with local charitable institutions.

7. Conclusion

The overwhelming positive response of Bangladeshi expatriates of the Ottawa-Gatineau region is a testament to the fact that each one of us keeps a little Bangladesh in our heart. With the help of AMCGH Administration, DAM and the HCI, the team was delighted to be able to provide these expatriates with an avenue to contribute to a sustainable and worthy cause. The success of the campaign is a good example of team work. A group of volunteers without a formal platform or an organisation, worked diligently for a good cause with the hope of making a difference to the lives of millions of cancer patients in Bangladesh.

Annex A: List of Committees

List of committees for the AMCGH Awareness and Fund-Raising Campaign Team, Ottawa 2012 (all names are arranged in alphabetical order):

The Core Team:

Aad-Yean Faisal; Afrina Momen; Faisal Arif; Farhana Islam (Shilu); Happy Rahman; Humaira Armin; Humayra Kabir-Faisal (Sanam); Lokman Hossain; Mamun Mahmud; Marufa Rahman; Mazib Rahman; Mizan Rahman; Radha Dey; Rebecca Khan (Dipa); Rizwana Alamgir-Arif; Rupam Faruquee; Sadaquat Junayed; Sanjeda Ahmed; Subrata Sarker; Sohel Ahmed; Yasmin Akter and Zohra Ferdousy (Coordinator)

Charity Event Ticket Control Committee:

Lokman Hossain and Mamun Mahmud (Coordinator)

CRA Committee:

Sadaquat Junayed; Sohel Ahmed and Rupam Faruquee (Coordinator)

Cultural Committee:

Aad-Yean Faisal; Farhana Islam (Shilu); Happy Rahman; Humayra Kabir-Faisal (Sanam); Marufa Rahman; Monjeerina Afroze (Volunteer) and Rizwana Alamgir-Arif (Coordinator)

Finance Committee:

Marufa Rahman and Lokman Hossain (Coordinator)

Food Management Committee:

DM Mizanur Rahman (Volunteer); Mamun Mahmud; Mazib Rahman; Rupam Faruquee; Sadaquat Junayed; Subrata Sarker and Sohel Ahmed (Coordinator)

Fund Raising and Sponsorship Committee:

Mamun Mahmud; Marufa Rahman; Mazib Rahman; Mizan Rahman (Advisor); Sohel Ahmed and Lokman Hossain (Coordinator)

Hospital Communication Committee:

Faisal Arif; Sohel Ahmed and Zohra Ferdousy (Coordinator)

Key Note Speaker Committee:

Faisal Arif and Mazib Rahman (Coordinator)

Material Development Committee:

Mamun Mahmud; Mazib Rahman; Sadaquat Junayed; Sohel Ahmed; Subrata Sarker and Faisal Arif (Coordinator)

Printing Committee:

Sohel Ahmed

Public Communication Committee:

Faisal Arif; Lokman Hossain; Mamun Mahmud; Mazib Rahman; Sadaquat Junayed; Subrata Sarker; Radha Dey; Rizwana Almagir-Arif and Zohra Ferdousy (Coordinator)

Social Media Committee:

Marufa Rahman and Rizwana Alamgir-Arif (Coordinator)

Stage & Seating Arrangement Committee:

Lokman Hossain; Sohel Ahmed and Rizwana Alamgir-Arif (Coordinator)

Annex B: Financial Statement

Summary of AMCO	GH Fund-Raising Campaign, Ottawa 2012			
Pre-Charity Event F	Revenue and Expenses:			
Dates	Event Names	Gross Funds (CAD \$)	Gross Expenses (CAD \$)	Net Funds (CAD \$)
May 13 2012	First organizing meeting	\$120.00	(\$0.00)	\$120.00
June 16, 2012	CBMC picnic	\$575.00	(\$121.04)	\$453.96
Jun 24 2012	BCSO picnic	\$470.00	(\$39.83)	\$430.17
July 7 2012	Halaqa picnic	\$366.00	(\$34.31)	\$331.69
July 7 & 8 2012	BIPS festival	\$1,050.00	(\$453.76)	\$596.24
July 15, 2012	Orleans group picnic	\$303.00	(\$3.00)	\$300.00
July 14, 2012	Kalavati Dance & Music Conference (\$100 moved to other donations)	\$10.00	(\$0.00)	\$10.00
July 28 & 29, 2012	Halaqa iftar & Zohra's iftar	\$95.00	(\$0.00)	\$95.00
August 4, 2012	OBMFO iftar mahfil	\$145.00	(\$0.00)	\$145.00
August 10, 2012	CBMC iftar mahfil	\$205.00	(\$0.00)	\$205.00
August 11, 2012	South Asian Festival	\$608.00	(\$394.96)	\$213.04
August 25, 2012	OBMFO picnic	\$605.00	(\$25.00)	\$580.00
August 26, 2012	Halaqa eid reunion	\$170.57	(\$0.00)	\$170.57
	Other donations (cheque written in favour of HCI for \$310)	\$310.00		\$310.00
	SUB-TOTAL	\$5,032.57	(\$1,071.90)	\$3,960.67
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Fund-Raising Chari	ty Event Revenue and Expenses:			
Dates	Event Items	Gross Funds (CAD \$)	Gross Expenses (CAD \$)	Net Funds (CAD \$)
October 13, 2012	Revenue from sponsorship	\$1,650.00		\$1,650.00
	Revenue from ticket sale	\$5,145.00		\$5,145.00
October 13, 2012	Event expenses		(\$1,754.99)	(\$1,754.99)
	SUB-TOTAL	\$6,795.00	(\$1,754.99)	<u>\$5,040.01</u>

Summary of AMCGH Fund-Raising Campaign, Ottawa 2012 (continued)								
Total Revenue & Expenses (Pre-Event plus Charity Event)								
DONATION IN CAD:								
Items	Gross Funds (CAD \$)	Gross Expenses (CAD \$)	Net Funds (CAD \$)					
Total revenue from all events	\$11,827.57							
Total expenses from all events		(\$2,826.89)						
Net fund raised from all events			\$9,000.68					
Fund raised through HCI at the Charity Event			\$8,190.00					
Other donations (cheque written to HCI)	\$460.00		\$460.00					
Tax claims	\$3,600.00		\$3,600.00					
Zohra Ferdousy's family donation	\$1,000.00		\$1,000.00					
NET AMOUNT IN CAD (TO BE) SENT TO AMCGH								
DONATION IN BDT:								
Items	Gross Funds (BDT b)	Gross Expenses (BDT ₺)	Net Funds (BDT ե)					
Mr. Kaiser Ahmed (cheque received)			ե41,000.00					
Dr. Sazzad Rahman (cheque to be directly handed over to AMCGH)			ե50,000.00					
NET AMOUNT IN BDT (TO BE) SENT TO AMCGH								

Annex C: FAQs about AMCGH

Information about Dhaka Ahsania Mission (DAM)

It is named after Khan Bahadur Ahsanullah and was established in 1958. It is registered as an NGO with consultative status with UN ECOSOC and in operational relations with UNESCO. It has development programmes in four different categories:

- 1. <u>Education Sector Programmes</u> (Early Child Education and Development projects, Primary Education sub-sector projects, Adult Literacy and Continuing education)
- Livelihood Sector Programmes (Food security and safety net projects for extreme poor, Agriculture projects, Vocational Training Institutes and Rural Centres, Micro-Finance Programmes)
- 4. <u>Health Sector Programmes</u> (Water and sanitation sub-sector projects, Maternal and Child Health projects)
- 5. <u>Human Rights & Social Justice Sector Programmes</u>

Who are DAM's development partners?

DAM has project involvement with Government of Bangladesh as well as UN, European Commission, World Bank, Concern and several other international organizations. Here are some examples:

UNICEF: http://www.unicef.org/infobycountry/bangladesh 13372.html

European Commission: http://www.concern-

universal.org.bd/doc/OD/Vulnerability%20Assessment/VA-%20DAM.pdf

CONCERN: http://www.concern-

universal.org.bd/index.php?option=com_content&view=article&id=22&Itemid=44
UNESCO: http://www.unescobkk.org/education/appeal/networks/artc/member-

institutions/bangladesh/

Please see DAM's website below for further detail: http://www.ahsaniamission.org.bd/Partnership.asp

Who are supporting DAM in the hospital project?

The project is funded jointly by government, corporate sector and private individuals.

Government of Bangladesh

- Government of Sheikh Hasina allotted land for the project in 1997 http://www.ahsaniamission.org.bd/news-dtls.asp?NID=234
- Government of Khaleda Zia inaugurated the project in 2004 http://news.bbc.co.uk/2/hi/south_asia/3881049.stm

• The current government of **Sheikh Hasina** signed MOU in 2012. The MOU pledges that the hospital will provide free of cost treatment for 30 percent of all needy patients. Social Welfare Secretary Ranjit Kumar Biswas said while signing the MOU that, "The government will give ₹39 crore against the estimated cost of ₹165 crore for the construction of the hospital."

http://www.banglanews24.com/English/detailsnews.php?nssl=f936e0a3bce6ffb6fe662a6e062ac9a5&nttl=2012062845966

A copy of the Ministry of Planning's Monthly report on the hospital can be found here: <a href="http://www.imed.gov.bd/index.php?option=com_docman&task=doc_download&gid=520<emid="http://www.imed.gov.bd/index.php?option=com_docman&task=doc_download&gid=520<emid=.">http://www.imed.gov.bd/index.php?option=com_docman&task=doc_download&gid=520<emid=.

Corporate sector

Corporate sector is also contributing to the project.

For example, Grameen Phone signed a partnership with the hospital authority
 http://www.pressreleasepoint.com/grameenphone-partners-ahsania-mission-cancer-

hospital-0

Individuals

Hospital project's governing body has distinguished personalities such as:

http://www.ahsaniacancer.org.bd/content.php?page=5

- Barrister Rafique-ul Huq, Former Attorney General of Bangladesh
- Mr. Matiur Rahman, Editor, The Daily Prothom Alo
- Mr. M. Khalid Shams, Former Managing Director, Grameen Telecom
- National Prof. (Dr.) MR Khan, Child Specialist

Here is a full list of donors: (Government, corporate and private individuals) http://www.ahsaniacancer.org.bd/donorlist.php

Media Coverage

Please read the cover story in Daily Star's weekend magazine detailing the idea, individuals and their efforts behind this initiative:

http://www.thedailystar.net/magazine/2005/07/04/cover.htm