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(As of December 31, 2010)
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Vision and Mission of ASF

ASF 10-Year Vision
“ASF is a centre of excellence with a vision of Bangladesh free from acid violence, where burn victims, especially women and children, live with dignity.”

ASF Mission Statement
“To prevent acid and burn violence and empower survivors, especially women and children, by working with an integrated approach using a replicable holistic (bio-psycho-social) model which engages all national and international stakeholders and is backed by research, experience and evidence.”
Acronyms

ASF – Acid Survivors Foundation
ASK - Ain-O-Shalish Kendra
BLAST - Bangladesh Legal Aid Service Trust
BNWLA - Bangladesh National Women Lawyers Association
BSLR - Bangladesh Society for Enforcement of Legal Rights
DACC - District Acid Control Committee
DMCH - Dhaka Medical College Hospital
IGA - Income Generating Activities
IGP - Inspector General of Police
ISBI - International Society for Burn Injuries

JT - Jibon Tara
NACC - National Acid Control Council
NGO - Non-government Organization
NRS - Notification and Referral Services
PP - Public Prosecutor
PSS - Psychological Support Service
SRU - Social Reintegration Unit
TOT - Training of Trainers
UNICEF - United Nations Children's Fund
UNO - Upazila Nirbahi Officer
As we hand-over this Annual Report 2010 to you, let me begin by saying that the twelve years since the Acid Survivors Foundation (ASF) came into being it has been an emotional journey of anguish and agony on the one hand and a genuine sense of pride and pleasure on the other. We have been deeply anguished by the persistence of the unbearable and unacceptable act of acid violence in Bangladesh. But we are also proud that thanks mainly to the extraordinary courage and resilience of the survivors, the ASF has been able to stand up against this scourge effectively. ASF has catalyzed legal and policy reforms that have led to substantial reduction of the number of attacks. As the pages that follow here show, addressing the challenges of the acid victims has been an excellent example of partnership between the Government, NGOs, wider civil society and the media.

The ASF has emerged over the years as a global pioneer and a model to follow in tackling the problem of acid violence, which takes place not only in Bangladesh but many other countries. Thanks to ASF’s success in challenging the problem, our approach and innovations are being replicated internationally.

Our achievements are a source of pride, but no complaisance. We have a long way to go. With a strong determination to build on the lessons learnt so far the ASF has recently adopted its strategy for the period up to 2020 with a vision of Bangladesh free from acid violence where victims, especially women and children, live with dignity. As a centre of excellence with a rights-based and integrated approach ASF is committed to carry on with the campaign and provide comprehensive specialized medical care to the victims of acid attack.

ASF wouldn’t be where it stands today without the generous cooperation and support of the Government, international donors, corporate bodies, many individuals, non-government organizations and media who have been with us nationally as well as locally. I take the opportunity to express our deepest gratitude on behalf of the Board of Trustees of ASF to all our supporters, partners and stakeholders.

It is with great honour and humility that I took over the role of the Chair of the ASF Board. I did so inspired by the extraordinary leadership and contributions of my predecessors and remain grateful to them. I also take the opportunity to put on record my sincere appreciation to my colleagues in the ASF Board for their continued enthusiasm and invaluable commitment. I thank our Executive Director, the management team and other members of the staff for their tireless work.

Above all, I commend the courage and strength of my dear survivors who have made it all possible. I have always been humbled by their fighting spirit which is the main source of inspiration for me personally and for ASF. Each of them remains a shining example of the indomitable human will-power demonstrating on a daily basis that no challenge is insurmountable, only a glimpse of which can be found in this report.

Dr. Iftekharuzzaman
Chairperson
Acid Survivors Foundation
The Acid Survivors Foundation has completed another challenging year to combat acid violence in Bangladesh. Last 12 years ASF is working hand in hand with government, Donors, media, NGOs, celebrities, students and many individuals like you to help acid survivors rebuild their lives and to prevent further attack. The prevention campaign of ASF and its stakeholders could stop the rising trend of acid attack within three years of its inception. The number of attack has reduced to nearly 70% in last 12 years.

Moreover ASF’s services have contributed to transforming many ‘Survivors’ into ‘Survivor Ambassadors’ who function as a platform for a collective voice to demand justice, protect rights, and act as an agent for prevention and better inclusion. Victim of an acid attack living in remote rural places now have access to psychosocial support from these ‘Survivor Ambassadors’.

ASF’s rights-based campaign has led to many unprecedented institutional and policy reforms with specific results including deterrent punishment against attackers. Bangladesh is the only country in the world, enacted two laws in 2002—one that heightens criminal penalties and improves criminal procedures and another that attempts to decrease the availability of acid. Government of Bangladesh has created a special fund to compensate the cost incurred by the victim to overcome the effect of acid attack. However, survivors’ access to these resources is still insignificant. As such ASF’s lobbying role needs to be continued.

Moreover Nimtoly Tragedy (explosion of corrosive chemical) in 2010 in Dhaka which took life of 124 and left some hundreds with lifelong scars in body and mind reminds us weak enforcement of act to control illegal use of acid.

Since its inception in 1999 the Acid Survivors Foundation (ASF) has emerged as a global pioneer in tackling the problem of acid attack. It is our great pleasure to work hand in hand with government of Bangladesh, our donors, media, NGOs and many individuals like you to prevent further attacks, to protect victims, to punish perpetrators, and to provide compensation to those who have suffered it.

It would not have been possible for ASF to come into this stage without the generous support of its development partners. Through this report we express our gratitude to our core donors, project based donors and individual donors and supporters.

I also express my gratitude to all valued Board Members in present and from past who have devoted their time and energy to uphold the profile of the organization as transparent and accountable at its utmost level.

I am proud of being a part of such a dynamic and experienced team who are fully committed to the cause. And the courage that thousands of survivors are facing from within is our inspiration to see the light at the end of the tunnel.

Thank you for being with us and very much looking forward for your continuous support to challenge all the barriers in coming days to achieve our vision to make Bangladesh free from acid violence by 2015 and where all acid survivors live life with dignity.

Monira Rahman
Executive Director
Acid Survivors Foundation
Executive Summary

Acid violence is a particular form of gender-based violence largely attributed to the patriarchal structure of the society. Acid is a highly corrosive chemical which is often used to destroy the appearance of people, mainly women and children, out of vengeance. An acid attack leaves a person disfigured for life. Many survivors experience a tragic change in their lifestyle. Most stop their education or work during the lengthy recovery or beyond, due to disfigurement. Survivors often face social isolation which is damaging to their self-esteem and economic position. An unmarried woman attacked with acid is very unlikely to get married ever. They become housebound for fear of social repercussions. The social stigma against the victims to this form of violence is common as many tend to blame the survivors for tempting the attackers to be violent.

Acid violence is prevalent because of three related factors: gender inequality and discrimination, availability of acid and impunity for perpetrators.

Most acid attacks are perpetrated by the people known to the victims and the attacks are often triggered by refusal to sexual advances or marriage proposals or failure to pay dowry or by land disputes. Historically, a vast majority of attacks are against women, with 99% of the perpetrators being men. In recent years there has been an increase in crimes staged against men, mostly related to the disagreements over land rights. Many children also fall victims to acid attacks. There were reports that father showered his own daughter with acid as he wanted a boy child. Sometimes, children get hurt as they stay close to the main targets (mothers) of the attackers (fathers).

It’s not only the survivors who suffer from wounds, their parents, siblings and other relatives also incur a huge economic, social and psychological burden in caring for the survivors. There were reports that many families sold their lands and assets to pay for medical care while many other families had to flee homes for safety following legal action against the attackers.

In the cases, where victims are children or adolescents, special physical and psycho-social supports are needed for them as they grow and mature with these incurable scars. When a daughter finds that her father attacked her with acid, she may completely lose trust in men and may not get married.

With the growing concern of acid violence in Bangladesh, the Acid survivors Foundation (ASF) was formed in 1999 with a vision to reduce and eventually eliminate acid attacks and to ensure that acid survivors are able to live life with dignity. Since then ASF has emerged as a global pioneer in tackling the problem of acid violence.

States should not only enact targeted legislations and policies to address acid violence, but should also ensure effective implementation of those laws and policies. In order to implement such criminal laws effectively, governments should: (1) conduct appropriate investigations of acid attacks; (2) protect victims from threats that could undermine those investigations; and (3) prosecute and punish perpetrators of acid attacks.
ASF’s rights-based campaign has led to many unprecedented institutional and policy reforms with specific results including deterrent punishment against attackers. ASF’s prevention campaign has significantly reduced the number of acid attacks over the years. Before the ASF prevention campaign started in 2002, there were over 500 recorded attacks. In 2010 the number decreased to around 153, which nevertheless remains a grave concern with one attack in every two and half days. The challenge is to sustain the downward trend and eliminate this violence of unspeakable nature.

For full recovery and rehabilitation, the acid victims need holistic care services. To prevent mortality and morbidity due to acid attack, ASF runs a 20-bed hospital fully equipped for standard burn care services including plastic and reconstructive surgery, though in a very low-resourced set up.

The ASF Hospital provides comprehensive services including psychological care, legal assistance and financial support for economic rehabilitation and empowerment.

So far, the ASF provided direct assistance to about 2,000 acid survivors out of identified 3,000 across the country. ASF is committed to continuing quality burn care services to acid victims. Since an overwhelming majority of the victims are impoverished, ASF Hospital offers completely free services benefitting around 700 acid victims annually (including survivors from previous years).

ASF’s services have contributed to transforming many survivors into survivor ambassadors who are now providing peer supports to the latest victims of acid attacks. This peer support has had a snowball effect in empowering other survivors. Survivor ambassadors also function as a platform for a collective voice to demand justice, protect rights, and act as an agent for prevention and better inclusion.

In the year 2010, with the support of CIDA, a three-member team led by an International consultant undertook an independent evaluation of the organisation and its programs. The end project evaluation confirmed ASF’s aspiration to end acid violence by the year 2015. This evaluation also put emphasis on developing a long term strategic plan and reviewing its governance structure.

The recommendations of the end project evaluation were followed by engaging an expert team from Management Development Foundation (MDF)- an international consultancy firm. EKN hired MDF to work with ASF for developing a strategic plan for ten years and a project proposal for five years.

ASF is supported by multi donors for multi years. During the year 2010, CIDA was providing core funding and different programs were supported by MJF, Unicef, GIZ, Ausaid and EC. However the CIDA funding will be over by the end of April 2011 and GIZ and Ausaid supported project will be completed by June 2011. From May 2011 to June 2012 DFID will provide core funding through MJF and Unicef will continue its project funding. During this period ASF will seek donor funding for its five years plan.
Challenges and Future Strategies

Despite the successes in bringing down the number of acid attacks over the last several years, ASF's Biggest challenge has been to maintain the downtrend of acid violence that began in 2003.

The first International Conference of the Acid Survivors held in Dhaka in 2009 had adopted a resolution to eliminate acid violence from Bangladesh by 2015. The Canadian International Development Agency, which funded the independent evaluation carried out in 2009/2010, consulted different sections of the society on this aspiration and came to a conclusion that it is possible to reduce the number of acid attacks annually to below 50 by the year 2015.

The ASF now needs to revisit its prevention strategies to achieve this target. What it needs most to do are to bring a change in the hegemonic masculinity, uphold human values, end stereotyped gender role, ensure exemplary punishments to the perpetrators and deter potential perpetrators.

To have these massive tasks done, ASF needs to involve the political parties, government, donor organizations, media, students and cultural groups with its efforts to promote zero tolerance against acid violence.

With the financial support of the Embassy of the Kingdom of Netherlands and MDF of Sri Lanka, ASF developed a long term strategic plan in 2010, a five-year proposal and a budget to implement the plan.
Key program Strategies developed in the planning documents are:

ASF will achieve its vision:

1. By becoming a proof of concept/model for bio-psycho-social service provision for acid violence by 2015 and an advocate for replication of this model in Bangladesh and South Asia

2. By facilitating the formation of survivors forums at the national and local levels to function as a platform for a collective voice to demand justice, protect rights, and as a change agent towards prevention and better inclusion

3. By lobbying and advocating NACC, DACCs and relevant other government bodies to provide the survivors with necessary cares and reduce the demand placed on ASF from 50% to 25% by 2015

4. By having knowledge & expertise to share with other organizations working on burn violence issues in the region by 2015 and internationally by 2020

5. By reducing the number of acid attacks to less than 50 a year by 2015 and having baseline information on other burn violence available for analysis

6. By having a centralized and updated information base available for all relevant stakeholders by 2015

7. By developing evidence-based models that are available and in use for the protection & re-integration of survivors and prevention of further acid and burn violence by 2020

Furthermore, the following organizational development strategies were articulated:

1. Review policies and practices to ensure good governance

2. Review existing finance policies, systems, procedures to enhance transparency and accountability

3. Diversify the sources of resources to meet 100% of fixed costs by 2020 and 50% by 2015

4. Develop an organizational/project monitoring evaluation and learning system for knowledge management

5. Develop HR strategies to:
   a. Address leadership succession planning throughout the organization
   b. Offer career development trajectories
   c. Further develop the capacity of the human resources (HRD)

6. Establish well-defined framework for delegation of authority across the organization for effective and efficient management

It would not have been possible for ASF to be where it stands today without the generous support of international donors, corporate bodies, and many individuals. However, in the wake of the recent global financial crisis it has become difficult for ASF to secure funding from donor agencies to continue the good work. The Embassy of the Kingdom of Netherlands (EKN) and The Canadian International Development Agency (CIDA) funded ASF’s core programs including its 20-bed hospital for last seven years. EKN has completed its funding in April 2010 and CIDA funding will be over by April 2011. MJF supports prevention, advocacy and lobby activities while legal supports to survivors are supported by GTZ and rehabilitation support to survivors by Ausaid. All these projects are set to expire in June 2011. The future of psychosocial support services, which is supported by UNICEF, will be in trouble if ASF does not get a new donor to finance the program after UNICEF’s agreement in this regard ends in November 2011. Considering this funding status, ASF management with the help of the members of the Board of Trustees started to seek funding for its future programmatic approach. A resource mobilization plan has been developed and a donor meeting was arranged to share ASF’s strategic plan and the five-year proposal and explore potential funding opportunities.

To help ASF to continue its services to survivors, DFID through its Rights and Governance Challenge Fund managed by Manusher Jonno Foundation (MJF) has taken a exceptional measure of providing an extra two hundred thousand pounds to cover core funding until June 2012. This is to ensure that the treatment costs for the survivors are not disrupted. DFID has reassured that it will consider to continue to provide financial support to ASF through the next program of Rights and Governance Challenge Fund, expected to start from July 2012.
In the year 2010, ASF recorded 115 incidents of acid attacks, which left 153 people injured. Of the victims, 71.89% or 110 persons were women and girls while 28.11% or 43 persons were men and boys. As many as 30 children or 19.61% were among the victims with 24 (80%) girls and six (20%) boys. Fifteen girls aged between 13 and 18 came under acid attacks while no boy of this age was attacked with acid during the period.

It has been found that a great majority of the female victims was between 13 and 35 years of age. Main reasons behind the attacks on them were refusal of love or marriage proposals and resistance to sexual advances.

In 2010, the number of attacks on women and girls witnessed an increase whereas attacks on men and boys decreased.

According to the statistics recorded by ASF from newspaper reports and police records, incidents dropped to 4% in 2010 compared to the incidents in 2009. What was 12% in 2009, 11% in 2008, and 14% in 2007, whereas the number of people injured from these incidents rose 2% in 2010. Although the decreasing trend of acid attacks continued in 2010, it came to a halt in terms of the number of victims in the year. Reduction rate was 16% in 2009, 6% in 2008 and 13% in 2007.

The last decade (1999 to 2010) data show that 3,135 people suffered acid violence. It is estimated that the actual number is much higher. Of the total victims, 2152 (68.64 %) were women and girls while 983 (31.36%) were men and boys. One fourth of the total victims were children. Among the child victims, 541 (72.13 %) were girls and 209 (27.87%) were boys.
The Motives

As the trend continues from 1999, land/property and money related disputes topped the list of reasons behind acid attacks in 2010. In the year, the rate of attacks because of refusal of love or marriage proposals or resistance to sexual advances nearly trebled.

In 2010, 37 percent acid attacks took place over land or property related disputes, 22 percent over refusal of romantic proposals or sexual advances, 8% over marital disputes, 8% over dowry, 8% over other reasons. The reasons of 12 percent attacks could not be known.

In 2009, only 8% incident occurred because of refusal of romantic proposals or sexual advances while 5% attacks took place following the failures of the victims to pay dowry to their husbands.

Notification and Referral Services (NRS)

The Notification and Referral Services (NRS) unit notes down every new and old acid attack the moment the news reaches there. It takes measures to bring the victims to the ASF hospital, if possible, within 48 hours of notification and then refer the case to medical, legal & psychosocial units for further action.

A team consisting of acid survivors remains stationed at the cell round the clock to attend phone calls that might deliver news of acid attacks. Besides, the government agencies, NGOs, media and individuals also contact the NRS once they are informed of any incident.

The NRS and partners however face a number of challenges in bringing victims to the Acid Survivors Foundation for treatment.

These include pressure from influential sectors such as police, and local government representatives, as they want to settle the issue by arbitration in fear of facing legal actions if the victims come to the ASF.
Akash

Acid Survivors Foundation through years of experience have witnessed that immediate proper treatment reduces the effects of acid attack considerably. Whereas victims who do not receive prompt, adequate and proper medical care results significant disfigurement, sometimes even permanent disability.

Akash a 10 years old boy was severely burned with Acid on 25th October 2009. He was immediately taken to the local upazila hospital (Kashiani) then to Faridpur Medical College Hospital and from there to Dhaka Medical College, Burn Unit. His full face including forehead, neck, chest and both hands were severely burnt with acid. He received dressing and medication in DMCH Burn Unit on a regular basis for one month. But his father had to take him home before completing the treatment as he could not afford the treatment costs. Almost one year, he continued to suffer until he came to the Acid Survivors Foundation on 22nd September 2010.

Akash was admitted to ASF Hospital with severe post burn deformity in eyes, neck and both hands and with unhealed wound in left hand. Here he received proper treatment under careful supervision of multidisciplinary team of Plastic Surgeon, Eye Specialist, ENT Specialist, Nutritionist and physiotherapist. For his left hand consultation were taken from Orthopedic Specialist. He also received reconstructive surgery from renowned surgeon, Dr Ron Hiles from UK.

When he got admitted in ASF Hospital his general health condition was very poor and he was anemic. He was also psychologically very down. In the first month he received proper nursing and nutritional care with emotional support to prepare him for series of reconstructive surgery. As his both eye lids got contracted his vision was at stake. First of all plastic surgeons reconstructed his upper and lower eyelids in both eyes to save his vision. And it was successful. Then they released contracture of his neck and right axillary. From the beginning the physiotherapists were helping him to maintain the right position and maximizing his functional ability through regular physiotherapy and splinting.

However his left hand was permanently disabled and his left elbow was severely contracted. The dysfunctional hand was causing difficulties to wear dress. At one stage it was suggested to surgically remove his dysfunctional left hand but Akash and his family was very emotional about this. Considering his psychological situation ASF tried and with the expertise of Dr Hiles finally both elbow joint and axilla was reconstructed and now he can move his both hand though left hand is still not functional.

Akash is now receiving post operative nursing care in ASF Hospital and joining art and music therapy sessions which help him to open up his emotions. At the beginning of his admission in ASF Hospital he was completely closed. But gradually he is sharing with ASF’s counselor and social worker. But it is a challenge for ASF to help him to return to his normal life.

Akash’s situation might have been very different if he was brought to such treatment immediately after the incident. Delay in treatment complicated his situation. Though the life of this ten year old will never be the same, now Akash has started to dream a better future.
Medical Service

Burn injuries are often referred to ‘the forgotten public health crisis.’ In some low-income countries, burn injuries cause as many deaths as HIV and TB do. Those who survive burn injuries are usually left unnecessarily disabled and disfigured.

Acid is a highly corrosive chemical agent that melts skin tissues and sometimes bones in seconds causing irreparable damages to human body. When it strikes one’s face, one may lose eyes forever or lose ability to hear. Acid may cost other vital organs of the body. The healing process is a lengthy one. Usually the survivors have to take medication for the rest of their life.

In most cases, the survivors of acid attacks need immediate surgeries to remove the dead skin cells and allow the healing to take place without severe contraction of skin and muscles that result in disfigurement and immobility. In the case of severe burns, survivors may need up to seven surgeries. Infection is always one of the biggest threats to survival of the burn victims who need highly specialized care, including physiotherapy, pressure garment and splints.

Bangladesh, a country with a population of 160 million, has only one government hospital in Dhaka with the facilities to treat burn injuries. This burn unit of the hospital has 100 beds but it often operates at a capacity of 150-300%.

To supplement the government initiatives in the area of burn care services, ASF runs a 20-bed hospital for the people with burns caused by acid. The ASF Hospital is fully equipped for international standard burn care services including plastic and reconstructive surgery, though in a very low-resourced set up. It provides holistic services including psychological care, legal assistance and financial support for economic rehabilitation and empowerment.

Psychosocial aspects are often completely neglected in burn care in low-income countries. Within the safe and non-discriminatory environment of the ASF hospital, patients can share their trauma with qualified counselors and importantly with others who went through a similar experience.

The overwhelming majority of the victims being poor, the ASF Hospital service is completely free, which benefits around 700 acid victims annually including survivors from previous years.

The ASF doctors also visit district courts to give expert testimonies during the trial.

<table>
<thead>
<tr>
<th>Service</th>
<th>No. of Person</th>
<th>Sessions/Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission</td>
<td>197</td>
<td></td>
</tr>
<tr>
<td>Outdoor Service</td>
<td>375</td>
<td></td>
</tr>
<tr>
<td>Surgical Intervention</td>
<td>119</td>
<td>595</td>
</tr>
<tr>
<td>Physiotherapy Service</td>
<td>158</td>
<td>2663</td>
</tr>
<tr>
<td>Pressure Garment Support</td>
<td>118</td>
<td>330</td>
</tr>
<tr>
<td>Average Stay in ASF Hospital</td>
<td>21.5 days</td>
<td></td>
</tr>
<tr>
<td>Total patients received medical services</td>
<td>572</td>
<td></td>
</tr>
</tbody>
</table>
A great line-up of local and international plastic surgeons helps the ASF to offer the victims best possible plastic surgery in Bangladesh. Professor Dr. AJM Salek, Professor Dr. SH Khundkar, Professor Dr. Shahidul Bari, aided by a group of anesthetists and assistant surgeons, work tirelessly, sometimes up to eight hours at a stretch.

Alongside theirs, contributions of Dr. Mohammad Quamruzzaman, Dr. Sazzad Hossain, Dr. Shareef Hassan, Dr. Raghib Manzoor, Dr. Faridul Hasan, Dr. Syed A Hassan, Dr. A. Alam Chowdhury and Dr. Murshed are, of course, noteworthy.

Like every year, Dr. Ron W. Hiles, a noted British plastic surgeon and a longstanding friend of ASF, did not miss his trip to Bangladesh last year.

Contribution of Local and International Surgeons
Success of Pour Water Campaign

Though there was no formal research to substantiate it, those survivors who receive immediate and appropriate first aid within the first few hours of attack have been found to have drastically improved chances of faster and improved healing and avoiding severe contracture and disablement. Inappropriate or no first aid can result in deep tissue burning and long-term disfigurement.

The patients, who pour huge quantity of water at their burnt body parts, recover quickly. Observing the patients of two kinds – who used water immediately after the attacks and who did not – it has been seen that the formers recover without surgery.

<table>
<thead>
<tr>
<th>Water Uses</th>
<th>Patient who did not use water</th>
<th>Patients who Used Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>Usually conservative</td>
<td>Usually operative</td>
</tr>
<tr>
<td>Hospital Stay</td>
<td>Average 16 days</td>
<td>Average 36 days</td>
</tr>
<tr>
<td>Complication</td>
<td>Minimum</td>
<td>Mostly Contracture, Hypertrophic Scar, Disability</td>
</tr>
</tbody>
</table>

![Image of before and after pictures showing the success of Pour Water Campaign]
Due to the nature of the attack, its consequences and the fact that the majority of perpetrators are not brought to justice, there are huge and long term psychological impacts on the survivor and immediate family which can last their entire lives. Many survivors are forced to migrate to avoid contact with the perpetrators; it may also result in severe psychiatric conditions, including post-traumatic stress disorder and suicidal tendencies, needing specialized psychiatric care.

Despite this huge need, there is currently only one clinical psychology department in the country, located at Dhaka University. All 17 medical college hospitals in the country have psychiatric departments, but no hospital offers counseling and psychotherapeutic services.

Yet there are no proper treatment facilities or basic first-aid service in any of the 64 districts of the country. There is no intervention to address perpetrator’s psychology.

The Psychological Support Services (PSS) wing of the ASF works to help the victims overcome the trauma and sustain the aftermath of the barbaric acts. ASF appointed one clinical psychologist and two peer counselors at its hospital to provide counseling and psychotherapeutic services. ASF also arranges music and art therapy in its hospital to allow patients, specially children, to express their emotions. ASF also provides counseling to the attended family members of the victims admitted in the hospital.
The environment in ASF hospital is supportive and safe. When the survivors returns to their community, they seem ostracized. Their families become embarrassed and often blame the survivors. They may also live in fear of retribution in case the perpetrator is still at large. Therefore, ASF in collaboration with its partner organizations implement community-based psycho-social support in ten selected districts. ASF picked up 30 survivors from these ten districts as peer counselors. These counselors and 14 project officers received training on basic mental health. In addition to the training on basic counseling skills, they were also trained to assess mental health condition of the victims by using Deeba and Zahir’s anxiety and depression scale.

The peer counselors and the project officers visit the acid survivors and their families and assess psychological status of the survivors living in remote rural set-up. Once in a month, ASF brings professional clinical psychologists to these districts and peer counselors bring their clients to these clinics.

Giving psychological support to the victims is indeed a hard job. The social workers and peer counselors had to receive technical supervision by a clinical psychologist to maintain the counseling standard and prevent their burnouts. Stress management sessions were organized in every second week for the staff working directly with the survivors.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Number of survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological support services at ASF Hospital</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>83</td>
</tr>
<tr>
<td>Group</td>
<td>212</td>
</tr>
<tr>
<td>Family</td>
<td>200</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>14</td>
</tr>
<tr>
<td>Music &amp; Art Therapy</td>
<td>240</td>
</tr>
<tr>
<td>Psychological support services at community level</td>
<td>276</td>
</tr>
<tr>
<td>Social skill training</td>
<td>157</td>
</tr>
</tbody>
</table>
Activities Targeting Justice for Acid Survivors

Acid violence is a gender-based violence that reflects and perpetuates the inequality of women in society and as such is prohibited by international law. To eradicate acid violence, governments must address its root causes—inequality and discrimination against women. In the short-term, governments should take the following actions to address acid violence: (1) enact laws that adequately punish perpetrators of attacks and limit the easy availability of acid, (2) enforce and implement those laws, and (3) provide redress to victims, including compensation for healthcare costs. Bangladesh is the only country among the three countries studied to adopt specific criminal laws and procedures relating to acid attacks and to enact particular laws to curb the easy availability of acid. Neither Cambodia nor India has adopted such legislation. Since Bangladesh adopted those laws in 2002, the rate of acid violence has decreased by 15% to 20% each year, while acid attacks continue to rise in Cambodia and India.¹

¹ COMBATING ACID VIOLENCE IN BANGLADESH, INDIA, AND CAMBODIA
A Report by the Avon Global Center for Women and Justice at Cornell Law School, the Committee on International Human Rights of the New York City Bar Association, the Cornell Law School International Human Rights Clinic, and the Virtue Foundation
ASF’s rights-based campaign has led to many unprecedented institutional and policy reforms with specific results including deterrent punishment against attackers. The government of Bangladesh has introduced tighter legal controls on usage, storage and transportation of acids with two specific laws—the Acid Control Act 2002 and Acid Crime Control Act 2002. In addition, a National Acid Control Council was established where the minister for home affairs acts as the chairperson and the state minister for women and children affairs as the co-chairperson.

Despite this legislations, two major incidents took place in 2010 involving storage and transportation of hazardous materials and mass victims (130 deaths), which would suggest that these controls are not being properly implemented.

A report of the police headquarters shows that a huge number of cases were pending trial for long time.

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Case Filed</th>
<th>Chargesheet</th>
<th>No. of Under Investigation</th>
<th>Under Trial</th>
<th>Conviction</th>
<th>Type of Conviction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Case</td>
<td>Person Death Sentence</td>
</tr>
<tr>
<td>2002</td>
<td>209</td>
<td>156</td>
<td>0</td>
<td>156</td>
<td>43</td>
<td>84</td>
</tr>
<tr>
<td>2003</td>
<td>258</td>
<td>158</td>
<td>0</td>
<td>158</td>
<td>33</td>
<td>54</td>
</tr>
<tr>
<td>2004</td>
<td>208</td>
<td>129</td>
<td>0</td>
<td>129</td>
<td>24</td>
<td>41</td>
</tr>
<tr>
<td>2005</td>
<td>206</td>
<td>122</td>
<td>0</td>
<td>122</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>2006</td>
<td>146</td>
<td>80</td>
<td>0</td>
<td>80</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>2007</td>
<td>177</td>
<td>109</td>
<td>0</td>
<td>109</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>2008</td>
<td>163</td>
<td>80</td>
<td>0</td>
<td>80</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>2009</td>
<td>129</td>
<td>70</td>
<td>0</td>
<td>70</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>2010</td>
<td>97</td>
<td>46</td>
<td>18</td>
<td>46</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1593</td>
<td>950</td>
<td>18</td>
<td>950</td>
<td>167</td>
<td>281</td>
</tr>
</tbody>
</table>

Report of Acid Crime Control Monitoring Cell

The fact that the affluent and socially influential offenders could withstand legal procedures only adds to the survivors’ insecurity. It is more difficult for the wives to press charge against the accused persons when they are their husbands because women are economically and socially dependant on husbands.

As the legal partners pursue cases for the survivors at local level, the ASF lawyers make follow-up visits. They correspond with local police, lawyers and local administrations such as Union Parishad (UP), District Acid Control Committee (DACC) and Civil Surgeon (CS) with a view to speeding up investigations and trials.

The ASF’s main role is of a coordinator’s and that is to connect its local partners, police, public prosecutors and the complainants.

The Legal Unit collects data from courts and newspapers, prepare reports and share them with the Central Monitoring Cell at the Police Headquarters, the National Acid Control Council and its district committees for necessary actions. ASF also works with its NGO partners to monitor role of the police and the public prosecutors in relation to smooth progression of the cases. ASF also mobilizes media to create public opinion on effective implementation of acid laws.
Many acid attacks take place within families following feuds over conjugal life. Many men see their wives as an object used for sexual pleasure while many others use them as a labor who earns for family. Many women of Bangladesh work at different industries in the country and many others are even forced to go abroad to help run their families at home.

The exiting marriage system in Bangladesh is feudal-patriarchal where father, or elder brothers in father’s absence, enjoys the authority of deciding about girls. In some cases, these guardians assume that marrying off the girls would provide them with security through guardianship. But ironically that decision provokes perpetrators to throw acid on these girls with the hegemonic logic that “if you are not my property I am not allowing you to be anyone else’s property”. The existing marriage system provides perfect context for men to punish women as men become legal guardians and get social legitimacy to ‘control’ over her body and agency.

Due to the nature of the attack, the majority of the perpetrators are not brought to justice. There are huge and long-term social impacts on the survivors and their immediate relatives. Many survivors are forced to migrate to avoid contact with the perpetrators; it may also result in severe social and economic insecurity.

The acid survivor is not the only one affected. Parents, siblings and other relatives often incur a huge economic, social and psychological burden in caring for the survivor.

The survivors suffer from physical inabilities and lack of confidence to move forward to restoring normal life. If a victim happens to be the sole bread earner of a family, the entire family faces troubles. ASF provides emergency financial supports to such families. ASF provides educational supports to student survivors to encourage them to go for higher studies as long as they wish. Fifty survivors have currently been receiving monthly stipends from ASF. Some of them are receiving the supports for several years. ASF also provides vocational training and provides grants to establish income-generating schemes. It employed many survivors from caregiver positions to management positions. It also seeks job for them and lobbies for their placement in NGOs, business organizations and other agencies.

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Number of Survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support through ASF</strong></td>
<td></td>
</tr>
<tr>
<td>Educational Support</td>
<td>37</td>
</tr>
<tr>
<td>Family Assistance</td>
<td>18</td>
</tr>
<tr>
<td>IGAs</td>
<td>12</td>
</tr>
<tr>
<td>Job Placement</td>
<td>10</td>
</tr>
<tr>
<td>Skill Development Training</td>
<td>16</td>
</tr>
<tr>
<td>Life Skill Training</td>
<td>41</td>
</tr>
<tr>
<td>Capacity Building Training</td>
<td>12</td>
</tr>
<tr>
<td><strong>Support through government</strong></td>
<td></td>
</tr>
<tr>
<td>Financial aid from NACC disbursed through DACC</td>
<td>106</td>
</tr>
</tbody>
</table>
Capacity Building of the Acid Survivors

ASF provides different training to survivors to facilitate transformation of a person attacked with acid from the position of ‘Victim’ to the position of ‘Survivor’. Several training module were developed and implemented to facilitate this transformation.

Social Skills Training aimed for strengthening their understanding on structural and behavioral barriers for better inclusion, understanding own attitude and behavior in the context of social skills and acquire practical skills to face social barriers for their reintegration in an assertive way. After the training the participants gain practical skills for assertive attitude and behavior to face adverse societal attitudes towards disfigurement.

Survivors were also given training on basic mental health to help them to gain knowledge and skills on understanding basic mental health problem that a survivor and their family face in the community. Through skill stations the participant survivors gained skills on how to provide psychosocial support services to survivors and their family. These survivors are now working in the community as Peer Counselor and victim of an acid attack living in remote rural places now have access to psychosocial peer support from them.

The leadership Training for the survivors was also designed to develop them as ‘Survivor Ambassador’ who function as a platform for a collective voice to demand justice, protect rights, and act as a change agent for prevention and better integration of the survivors into family and the society.
The Essential Burn Care Course has been developed by Interburns, a network for research, training and education, to improve burn care services even in a low-resourced set up. This course is certified by the International Society for Burn Injuries (ISBI) and the Royal College of Surgeons, Edinburgh. In partnership with Interburns and in collaboration with the Ministry of Health, ASF implements the Essential Burn Care Course at district level to build capacity of health professionals including, doctors, nurses, physical therapists and counselors.

Capacity Building of Health Professionals

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Training provided to acid survivors on making ‘Splints’ from locally available materials
In 2010, ASF arranged nine courses for 315 doctors and nurses in five districts. Professor Dr AJM Salek acted as the Course Director while ASF doctors, nurses and therapists took part in the facilitation of the courses where participants discussed practicality for providing quality burn care services. The courses gave emphasis on holistic burn care services, including psychosocial support and physical rehabilitation. Through the skill stations, participants gain practical skills on different aspects of specialized burn care services.

Splints made in ASF used on patients and outcome is remarkable
Before using ‘Splint’ Patients using ‘Splint’ Result after use
Case Study

Khushi

‘Khushi’ means happy. Khushi is literally a symbol of happiness and courage. She was only four years old when she was attacked with acid as she was sleeping with her grandmother Jorina. Khushi and Jorina both were not the target of Abdur Razzak who threw acid on them. Halima the aunt of Khushi was the target who was married with Abdur Razzak. But after marriage she found that he has several wives before this marriage. Halima raised her voice against Abdur Razzak’s cheating. At one stage she returned to her parents. After failing to take Halima back Abdur Razzak planned to destroy his beauty. One night he even cut the bamboo fence to enter into her room but fortunately Halima woke up and made hue and cry. As a result he fled away. Since then Halima changed her room with Jorina, her mother. But just after two days of this incident, Khushi was sleeping with her grandmother when Abdur Razzak came again and threw acid from the window of the room that Halima used to sleep and fled away. Jorina and Khushi both got major burn injury.

They were taken to local hospitals and eventually came to ASF on 21 November 2010 six days after the attack. Acid severely damaged Kushi’s face and body parts. But in ASF Hospital, Kushi received immediate surgery and skin grafting, physiotherapy and psychological support. She has already received five surgeries to reconstruct her eye lids and other body parts. She is now receiving physiotherapy and music and art therapy in ASF Hospital.

Khushi’s uncle, brother of Halima, filed a case against Andur Razzak. ASF and its legal partner BRAC’s lawyers are closely monitoring the case and lobbying with police and PP for smooth completion of the case. Already ASF has given medical certificate and waiting for ‘summon’ to corroborate the Medical Certificate in the court. ASF also mobilized media to create awareness on this case. As a result the perpetrator was arrested. The investigating officer submitted charge sheet within the time frame. After that in 14 consecutive working days the trial court heard 18 witnesses out of 20 of this crime.
ASF works in partnership with other NGOs to implement prevention, advocacy and lobby activities at district and bellow level. To develop partner’s capacity to address acid violence issues ASF provided training and orientation to the staff of ASF’s partner NGOs.

ASF provided orientation training on medical, legal and rehabilitation aspect of acid violence to all partner NGOs. Most acid survivors face adverse societal behavior when they return to family and or community, which severely affect their rehabilitation and reintegration. To help traumatized acid victims and their family, ASF’s partners needed better understanding of the psychological consequences of acid victim and their family and how to help them. At the same time they need to work with the family of the survivors and the community where these survivors live to strengthen community support towards acid victims.

ASF developed a special training program on ‘Community Based Psychosocial Support for the Acid Victims’ for the community people. To facilitate this training program ASF also developed training materials on this issue. Given most of the community people have low literacy the material developed in this regard was mainly based on pictures. A facilitator guidebook was also developed in this regard. To develop facilitator group who will implement this community training program, ASF developed a training module and implemented eight days long residential TOT on enhancing psychosocial knowledge and skills for the staff of partner NGOs. After receiving this TOT 41 number of local level facilitators from 11 partner NGOs are now facilitating community meetings covering the area of psychosocial support for the survivors.

**Capacity Building of Partner NGOs**
ASF’s ultimate goal is to prevent acid violence by the year 2015. With this aim ASF has strengthened its prevention campaign at grassroots level. After analyzing the conflict dynamic of acid attack through a study conducted by the researchers, ASF developed a training program on ‘Enhancing Local Conflict Management Capacity of the Community’. ASF developed training materials on conflict management with a facilitator guidebook. To develop local level facilitator group, ASF developed a TOT training module. A total number of 41 staff of ASF and its partner NGOs received 8 days long residential training on understanding local conflict dynamic and its peaceful resolution. This is a unique training program that ASF developed along with training materials for aiding the community meetings on peaceful conflict resolution with an aim to activate community participation in early identification of a conflict situation and facilitation of peaceful resolution of this conflict.

ASF also provided training on Rights Based Approach, Advocacy and Lobby, Monitoring and Evaluation and Financial Management of the project to its partner NGOs for effective implementation of planned activities.
Following the tragic fire incident in Old Dhaka’s Nimtoli area, ASF organized a human chain on June 7, 2010 in front of Dhaka Medical College Hospital demanding justice to the victims’ relatives. The fire incident took place on June 3, 2010, which left at least 120 people dead and dozens others injured.

Speakers at the human chain said inflammable chemical substances, including acid are being sold openly in old Dhaka flouting the laws. Despite reports in the press in the past, situation did not change as the government took no action against the unauthorized acid traders.

The people taking part in the human chain said the inflammable chemicals are being imported, exported, transported, sold and used without any sort of control and safety because of lack of implementation of law and ignorance and negligence by the businessmen.

Activities Targeting Prevention of Acid Attack

ASF’s prevention campaign focuses on increasing public awareness, sensitising and mobilising influential actors to campaign on behalf of the survivors and in support of zero tolerance against acid violence. ASF develops public service announcements and disseminates the messages through radio and televisions.

Human chain demanding probe into Nimtoli tragedy

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The people taking part in the human chain said the inflammable chemicals are being imported, exported, transported, sold and used without any sort of control and safety because of lack of implementation of law and ignorance and negligence by the businessmen.
On March 4, the Canadian International Development Agency and ASF jointly arranged a program at the Canadian Club marking the International Women’s Day 2010. Honorable State Minister for Women and Children Affairs Dr Shirin Sharmin Chowdhury was the chief guest and Charge D’Affairs of the Canadian High Commission in Dhaka Mr Robert Beadle was the special guest. Many distinguished guests representing different sections of the society participated in this program. Participants of the program lit candle which symbolizes end of the violence against women. The guests lauded the cultural programs by acid survivors and the exhibition of the fashion clothes made by the survivors.
Observe 16 Days of Activism

Held each year from November 25 to December 10, the ‘16 Days of Activism’ is an international campaign aimed at raising awareness and ending violence against women. To mark this two-week campaign, ASF on behalf of ‘Engage Men & Boys - a National Network in Bangladesh to End Gender Based Violence’ Eminent personalities like former caretaker government adviser Rasheda K Choudhury, writer Selina Hossain, soccer player Arif Khan Joy, cricketer Khaled Mahmud Sujan, UNFPA Bangladesh Representative Mr Arthur Erken and Dr Iftekharuzzaman, Chairperson of ASF and Executive Director of the Transparency International Bangladesh and representatives from the network expressed solidarity with the movement to end violence against women.

In partnership with the Women and Gender Studies Department of Dhaka University, ASF also organized a mass gathering of students and a cultural program on December 7 on Dhaka University campus. Honorable Vice Chancellor of Dhaka University inaugurated the event where other eminent personalities gave speeches to mobilize students to end recent uprising phenomenon of sexual violence across the country.
Observe International Women’s Day

In the year 2002, ASF organized a street march by men on the occasion of the International Women’s Day. This was the first initiative of its kind in Bangladesh. In response to the call ‘real men do not throw acid,’ thousands of men and boys joined hands in this auspicious event. The event was hugely covered by the media. This social movement demanded specific laws to combat acid violence. As a result, the government of Bangladesh passed two specific laws in 2002.

Since then, ASF arranges men’s call to end violence against women especially acid violence on the eve of the International Women’s Day every year.

On March 7, 2010, ASF arranged a ‘men’s gathering’ in Dhanmondi Robindra Sarobar. Among the distinguished guests, former caretaker government chief advisor Justice Muhammad Habibur Rahman, Member of the Parliament Asaduzzaman Noor, artist Quium Chowdhury, cultural activist Ramendu Majumdar, singer Suvra Dev and Topu, writer Anisul Haque, magician Jewel Aich, Professor Abdullah Abu Syed and the Joint Editor of the Daily Prothom Alo expressed solidarity with the movement of ASF to register a strong condemnation of women repression. An estimated 3,000 people, mainly men and boys, participated in this event.
On October 14, 2010, ASF held its 4th Media Award Ceremony at Emmanuels restaurant. Some journalists of print and electronic media were awarded in five categories for their contributions to raising social awareness on acid violence in 2008-09.


The winners were given a crest, a certificate and a cheque of Tk 30,000 each.

State Minister for Women and Children Affairs Dr. Shirin Sharmin Chowdhury attended the ceremony as the chief guest while Dutch envoy to Bangladesh H.E. Mr Alphons J.A.J.M.G. Hennekens and Manusher Jonno Foundation Executive Director Shaheen Anam as special guests.

Rasheda K Choudhury, executive director of CAMPE, magician Jewel Aich, singer Topu, dance artiste Munmun Ahmed were also present.
Students against Acid Violence (SAAV)

ASF campaign targets students group focusing on boys and young men in order to promote zero tolerance to the violence against women and to campaign for protection of the rights of survivors.

ASF in partnership with local NGOs implemented school campaign from district to union levels to raise awareness against acid violence among teachers and students. In 2010, a total of 55 schools participated in this campaign. Students from class 7 to 12 discussed why acid attacks take place, what the consequences of acid attacks are, what to do immediately after an acid attack, rights of the acid victims and how students can prevent acid attack and support the survivors. Approximately eleven thousand students took part in this campaign.
Annual Report 2010

ASF also engages acid users and sellers with its efforts to stop the use of acid for criminal purposes. Despite the laws against unauthorized use, acids are readily available in Bangladesh. It costs less than $1.00 for a small bottle (2002 data) and is available at the roadside shops. Acid from batteries is also readily available in small towns and villages. Acid is also sold in pharmacies, goldsmiths and metal workshops. Acid has legitimate use in the workplaces including textile mills and furniture shops.

In 2010, with the support of PNGOs, ASF organized 19 meetings with acid sellers and users in nine selected districts. Due to ASF campaign, the Acid Merchant Association came to ASF to support its campaign for safe use of acid.
Lobby with District Acid Control Committee

In nine districts, Pressure Groups were formed by the local activists who monitor the role of the District Acid Control Committee (DACC) in ensuring effective protection and social and economic rehabilitation of the survivors and effectual control over the use of acid. A total of 72 meetings were held by the pressure group in nine districts where most acid attacks happen.

The pressure groups work to keep the District Acid Control Committee active and make sure that the survivors receive financial supports from the committee. They prepared lists of acid sellers and users, developed monitoring mechanism and took initiatives to regulate illegal use of acid.

To raise awareness and to mobilize government resources to support survivors, the pressure group members arranged mass gatherings in six districts attended by divisional commissioners, deputy commissioners, mayors, police officers, public prosecutors, social welfare officers, women development officers, presidents of the local press clubs, survivors, NGO workers and cultural activists also participated in the gatherings.

As a result of the pressure group’s action, DACC was formed in Bhola, activated in Narsingdi and better performance of the DACC in nine districts were noticed.

With the support of PNGOs, the pressure groups organized 14 meetings with DACCs. They were able to mobilize Tk 12 lakh from DACC to support 153 survivors.

In these nine districts, DACCs are now developing a list of acid sellers and users. This will give a clear picture of use of acid with license.

Most acid survivors live in remote rural areas and face social and economic insecurity. ASF conducted a survey in 2010 in Pabna district and identified 42 out of 48 survivors who fled homes in the face of threats by the perpetrators. To raise community awareness to ensure protection of acid survivors and reintegrate them into the mainstream society, ASF in partnership with NGOs organized 27 meetings with Union Parishad, TNO/UNO, teachers, NGO/CBO, and survivors.
The ASF develops different promotional materials to influence behavioral changes that sanction acid violence. ASF’s prevention wing developed two types of materials for communities. One set was aimed at ‘enhancing community capacity of conflict management’ and the other set at ‘enhancing community capacity for psychosocial support for the victims of acid attacks’.

The local facilitator groups use these materials during community meetings with Union Parishad members and chairmen, teachers and students, religious leaders, local mediator groups and NGO bosses who play active and leading roles in resolving disputes at grassroots level. Local level conflicts include both conflicts at family level and the conflicts in the community. As conflict management capacity of the people enhanced, it is expected that the number of acid attacks and gender-based violences will come down.

Grassroots people are not aware of what to do immediately after the moment of acid attack on any person. To enhance awareness on how to minimize the effects of acid, ASF developed and printed a poster with photograph which tells the people, especially the illiterate ones, how to wash away acid from body. The poster contains pictures for the illiterate people to understand the messages. This poster has been distributed to all Thana health complexes, community resource centers, schools and colleges.

Quarterly newsletter, VOICE, documents ASF activities, stories of the victims, survivors and those who have been fighting against the cause. This year a survivor bulletin was developed where survivors themselves wrote about their stories of courage and strength to win the sufferings of acid violence. These materials were distributed to journalists, donors, NGOs and different government bodies to make them aware of the current issues of acid violence.

A leaflet was developed on the International Women Day. ASF also contributed in the development of leaflet and poster on International Women Day with the Girl Child Advocacy Forum.
ASF Partner’s Activities 2010

ASF is concentrating activities at grassroots level through partner NGOs. The partner organizations of ASF are: PAPRI in Norsingdi, Aid Comilla in Comilla, Jagoroni Chokro Foundation in Jessore, Jagroto Jubo Shongho in Khulna, Agrogi Shongsrtha in Satkhira, Shabolombi Unnayon Shomiti in Netrokona, Light House in Bogra, RDRS Bangladesh in Dinajpur, Manob Mukti Shangstha in Sirajganj, Coast Trust in Bhola, SUMS in Sirajganj and BRAC to cover 64 districts. In ten selected districts where most acid attacks take place ASF’s partners developed pressure group involving local human rights advocates, journalists, teachers and survivors of acid attacks.

ASF’s partners also became member of the District Acid Control Committee (DACC) and continue to play active role to activate DACCs to meet survivors’ medical, legal and economic needs and to control illegal use of acid.

To raise social awareness against acid violence ASF’s partners are implementing pressure group meeting, meeting an dialogue with DACCs, arranging mass gathering of survivors, government officials and civil society groups at district level, meeting/workshops with journalists for media advocacy and meeting with acid seller’s and user’s association to identify ways to control illegal use of acid, ASFs partners are also implementing community level meeting to enhance survivors’ better acceptance in the community and to prevent further attack.

As a result of ASF and its partners’ lobby 163 survivors of these ten districts received NACC’s fund for rehabilitation.

Lobby Meeting, Coast Trust, (Bhola)

School Campaign, Coast Trust, (Bhola)

School Campaign, JCF, (Jessore)

College Campaign, JCF, (Jessore)

Acid Seller & User Meeting, JJS, (Khulna)

School Campaign, JJS, (Khulna)

Acid Seller & User Meeting, Light House, (Bogra)

Community meeting, Light House, (Bogra)
Community Meeting, Aid Comilla, (Comilla)

Acid Seller & User Meeting, PAPRI, (Narshingdi)

Acid Survivors Receiving DACC Fund, RDRS, (Dinajpur)

School Campaign, SUS, (Netrokona)

School Campaign, Agragoti Sangstha, (Sathira)

Community Clinic, MMS, (Sirajganj)

School Campaign, Aid Comilla, (Comilla)

School Campaign, PAPRI, (Narsingdi)

Pressure Group Meeting, RDRS, (Dinajpur)

College Campaign, SUS, (Netrokona)

Lobby Meeting, Agragoti Sangstha, (Satkhira)

Phychosocial Training, MMS, (Sirajganj)
ASF in partnership with BRAC arranged a national seminar with the police and the public prosecutors (PP). A total of 109 police personnel, PPs and panel lawyers of BRAC from 20 districts took part in the seminar to discuss limitations, loopholes of the laws and the ways to ensuring justice.

The recommendations made at the seminar will be discussed with the attorneys and the members of the district acid control committees to minimize gaps for successful disposal of the acid attack cases.

To provide the victims and survivors with legal assistance, the ASF teamed up with Ain-O-Shalish Kendra (ASK), Bangladesh National Women Lawyers Association (BNWLA), Bangladesh Society for Enforcement of Legal Rights (BSELR), BRAC, Jatiya Mahila Sangstha, Naripakkha, and Bangladesh Legal Aid and Services Trust (BLAST).
After playing a test series and a one-day series with Bangladesh, 10 cricketers of England national team paid a visit to the Acid Survivors Foundation in Dhaka. The cricketers include captain Alistair Cook, Kevin Peterson and Paul Collingwood. They toured the nursing and rehabilitation centre and talked to many survivors including eight children.

They had chit-chat and a lot of fun with the survivors. While leaving, they gave the children survivors 'high fives.'

During the visit, the players highly appreciated the role of ASF in rehabilitating acid victims.

A player said, “We lead a privileged life, playing cricket and touring the world. But we often don’t meet many local people. Today we feel privileged to meet the survivors and see the magnificent works of the Acid Survivors Foundation.”
Acid Attacks in Other Countries

Bangladesh is not the only country with this scourge. According to the Acid Survivors Trust International (ASTI), in 2008 acid attacks were reported in 23 countries around the world, including Bangladesh, Cambodia, Laos, Vietnam, Pakistan, Afghanistan, Iran, Nepal, India, China, Japan, Algeria, Ethiopia, Nigeria, Kenya, Uganda, Mexico, Jamaica, Guyana, Greece, Turkey, Australia and the UK.

Based on ASF-Bangladesh’s success, similar organizations in Uganda, Cambodia, Pakistan, Nepal and India have been established.
Ms. Janet Durno— Country Director and Head of Development Co-operation, Ms. Doris Wong—Assistant Country Director, Ms. Tahera Jabeen—Senior Development Advisor From Canadian International Development Agency Visiting ASF Hospital

22 high level Government officials visiting ASF

Naved A Chowdhury— Social Development Adviser, DFID, Visiting ASF

Marie Doolan, Interplast, training acid survivors producing Pressure Garments
AUDITORS’ REPORT

We have audited the accompanying Consolidated Statement of Financial Position of Acid Survivors Foundation (ASF) as at December 31, 2010 and the related Consolidated Statement of Comprehensive Income and Consolidated Receipts and Payments Statement and a summary of significant accounting policies and other explanatory information.

Management’s Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with Bangladesh Accounting Standards (BAS)/Bangladesh Financial Reporting Standards (BFRS) and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due fraud or error.

Auditor’s Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Bangladesh Standards on Auditing. 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 judgement, including the assessment of the risk of the 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 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 evaluation the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the 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 financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 2010, and of its financial performance for the year then ended in accordance with Bangladesh Accounting Standards (BAS)/Bangladesh Financial Reporting Standards (BFRS), and comply with the requirements of the Foreign Donations (voluntary Activities) Regulation Ordinance and Rules 1978 and other applicable laws and regulations.

Dated : Dhaka
May 08, 2011

A. Qasem & Co.
Chartered Accountants
Acid Survivors Foundation
Consolidated Statement of Financial Position
As at December 31, 2010

<table>
<thead>
<tr>
<th>Property and Assets</th>
<th>Note</th>
<th>Amount in Taka At December 31, 2010</th>
<th>Amount in Taka At December 31, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td>3</td>
<td>1,484,051</td>
<td>2,043,612</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td>4</td>
<td>482,433</td>
<td>482,433</td>
</tr>
<tr>
<td>Investments</td>
<td>5</td>
<td>53,979,783</td>
<td>49,662,498</td>
</tr>
<tr>
<td>Advances and deposits</td>
<td>6</td>
<td>4,955,421</td>
<td>5,537,805</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>7</td>
<td>25,337,233</td>
<td>19,830,495</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>7</td>
<td>922,368</td>
<td>67,915</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>8</td>
<td>85,677,238</td>
<td>75,581,146</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>9</td>
<td>87,161,289</td>
<td>77,624,758</td>
</tr>
</tbody>
</table>

**Capital fund and Liabilities**

<table>
<thead>
<tr>
<th>Capital Fund</th>
<th>Note</th>
<th>Amount in Taka At December 31, 2010</th>
<th>Amount in Taka At December 31, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment fund</td>
<td>9</td>
<td>16,941,459</td>
<td>16,941,459</td>
</tr>
<tr>
<td>Emergency fund</td>
<td>10</td>
<td>-</td>
<td>7,317,316</td>
</tr>
<tr>
<td>General purpose fund</td>
<td>11</td>
<td>-</td>
<td>6,388,521</td>
</tr>
<tr>
<td>Fixed assets replacement fund</td>
<td>12</td>
<td>-</td>
<td>1,878,636</td>
</tr>
<tr>
<td>Land purchase fund</td>
<td>13</td>
<td>-</td>
<td>3,474,678</td>
</tr>
<tr>
<td>Rehabilitation fund</td>
<td>14</td>
<td>-</td>
<td>2,540,382</td>
</tr>
<tr>
<td>General reserve fund</td>
<td>15</td>
<td>57,985,141</td>
<td>-</td>
</tr>
<tr>
<td>Income generating fund</td>
<td>16</td>
<td>7,775,142</td>
<td>-</td>
</tr>
<tr>
<td>Canteen project fund</td>
<td>17</td>
<td>-</td>
<td>2,980,351</td>
</tr>
<tr>
<td>Pressure garments &amp; tailoring project fund</td>
<td>18</td>
<td>-</td>
<td>2,221,059</td>
</tr>
<tr>
<td>Fund account</td>
<td>19</td>
<td>-</td>
<td>29,670,634</td>
</tr>
<tr>
<td>Secured loan</td>
<td></td>
<td>4,313,540</td>
<td>4,000,000</td>
</tr>
<tr>
<td><strong>Total Capital fund and Liabilities</strong></td>
<td>8</td>
<td>87,015,282</td>
<td>77,413,036</td>
</tr>
</tbody>
</table>

**Current Liabilities**

<table>
<thead>
<tr>
<th>Provision for Expenses</th>
<th>Note</th>
<th>Amount in Taka At December 31, 2010</th>
<th>Amount in Taka At December 31, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>146,007</td>
<td>8</td>
<td>146,007</td>
<td>211,722</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Capital fund and Liabilities</strong></td>
<td>8</td>
<td>87,161,289</td>
<td>77,624,758</td>
</tr>
</tbody>
</table>

**Footnotes:**
2. The annexed notes form part of the financial statements.

Treasurer
Acid Survivors Foundation

Executive Director
Acid Survivors Foundation

A. Qasem & Co.
Chartered Accountants

Dated: Dhaka
May 08, 2011
## Consolidated Statement of Comprehensive Income

**For the year ended December 31, 2010**

<table>
<thead>
<tr>
<th>Amount in Taka</th>
<th>Year ended December 31, 2010</th>
<th>Year ended December 31, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants for project fund</td>
<td>20</td>
<td>54,867,483</td>
</tr>
<tr>
<td>Donation from Individuals</td>
<td>21</td>
<td>1,781,633</td>
</tr>
<tr>
<td>Donation from organizations</td>
<td>22</td>
<td>1,449,335</td>
</tr>
<tr>
<td>Other Income</td>
<td>23</td>
<td>4,603,232</td>
</tr>
<tr>
<td>ASF Overhead cost recovery from donor’s fund</td>
<td></td>
<td>318,487</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td></td>
<td>63,020,170</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative and general</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management &amp; Internal Operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel expenses</td>
<td>24</td>
<td>6,649,517</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>25</td>
<td>1,865,720</td>
</tr>
<tr>
<td>Communication</td>
<td>26</td>
<td>67,403</td>
</tr>
<tr>
<td>Utilities</td>
<td>27</td>
<td>549,193</td>
</tr>
<tr>
<td>Transport/logistics expenses</td>
<td>28</td>
<td>307,856</td>
</tr>
<tr>
<td><strong>Total Administrative and General</strong></td>
<td></td>
<td>9,439,689</td>
</tr>
<tr>
<td>Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support to Survivors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical support program</td>
<td>29</td>
<td>15,325,344</td>
</tr>
<tr>
<td>Research advocacy and prevention unit</td>
<td>30</td>
<td>12,818,709</td>
</tr>
<tr>
<td>Legal unit</td>
<td>31</td>
<td>3,473,519</td>
</tr>
<tr>
<td>Psychosocial support unit</td>
<td>32</td>
<td>6,251,582</td>
</tr>
<tr>
<td><strong>Total Program</strong></td>
<td></td>
<td>37,869,154</td>
</tr>
<tr>
<td>Increase Organizational Capacity Building</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human resources development</td>
<td>33</td>
<td>318,865</td>
</tr>
<tr>
<td>Increase organizational capacity</td>
<td>34</td>
<td>4,964,597</td>
</tr>
<tr>
<td>Professional &amp; audit fees</td>
<td>35</td>
<td>206,350</td>
</tr>
<tr>
<td><strong>Total Increase Organizational Capacity Building</strong></td>
<td></td>
<td>5,489,812</td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation Charges</td>
<td></td>
<td>957,983</td>
</tr>
<tr>
<td>Financial charges</td>
<td></td>
<td>17,546</td>
</tr>
<tr>
<td>Fund raising unit</td>
<td>36</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Others</strong></td>
<td></td>
<td>975,529</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td></td>
<td>53,774,184</td>
</tr>
<tr>
<td>Excess of Income over Expenditure during the year</td>
<td></td>
<td>9,245,986</td>
</tr>
</tbody>
</table>

**Footnotes:**
2. The annexed notes form part of the financial statements.

**Dated: Dhaka**

May 08, 2011
## Acid Survivors Foundation

### Consolidated Statement of Cash Flows

**For the year ended December 31, 2010**

<table>
<thead>
<tr>
<th>Amount in Taka</th>
<th>December 31, 2010</th>
<th>December 31, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Cash flow From Operation Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Donation received</td>
<td>54,867,483</td>
<td>53,634,498</td>
</tr>
<tr>
<td>- Interest received</td>
<td>285,947</td>
<td>691,724</td>
</tr>
<tr>
<td>- Other donation received</td>
<td>3,230,968</td>
<td>4,173,516</td>
</tr>
<tr>
<td>- Income from sustainable project</td>
<td>2,696,182</td>
<td>2,646,377</td>
</tr>
<tr>
<td>- Recovery from overhead</td>
<td>318,487</td>
<td>443,313</td>
</tr>
<tr>
<td>- Bank charges paid</td>
<td>(17,546)</td>
<td>(27,857)</td>
</tr>
<tr>
<td>- Paid for support to survivors through various units</td>
<td>(40,531,986)</td>
<td>(42,958,822)</td>
</tr>
<tr>
<td>- Advances &amp; deposits realisation</td>
<td>(272,069)</td>
<td>(283,824)</td>
</tr>
<tr>
<td>- Paid for management &amp; internal operation</td>
<td>(9,439,689)</td>
<td>(10,998,246)</td>
</tr>
<tr>
<td>- Paid against last year's provisions</td>
<td>(65,715)</td>
<td>(526,224)</td>
</tr>
<tr>
<td><strong>Sub-total (A)</strong></td>
<td>11,072,062</td>
<td>7,362,103</td>
</tr>
<tr>
<td><strong>B. Cash flow From Investing Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest on investment</td>
<td>4,317,285</td>
<td>4,953,256</td>
</tr>
<tr>
<td>- Investment in FDR</td>
<td>(4,317,285)</td>
<td>(6,662,083)</td>
</tr>
<tr>
<td>- Paid for increased organizational capacity</td>
<td>(5,489,812)</td>
<td>(1,190,162)</td>
</tr>
<tr>
<td>- Purchase of equipment, furniture &amp; fixture</td>
<td>(75,512)</td>
<td>(333,650)</td>
</tr>
<tr>
<td>- Paid for fund raising unit</td>
<td>-</td>
<td>(20,900)</td>
</tr>
<tr>
<td><strong>Sub-total (B)</strong></td>
<td>(5,565,324)</td>
<td>(3,253,540)</td>
</tr>
<tr>
<td><strong>C. Cash flow From Financing Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub-total (C)</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>D. Net Increase in Cash and Cash Equivalents (A+B+C)</strong></td>
<td>5,506,738</td>
<td>4,108,563</td>
</tr>
<tr>
<td><strong>E. Opening Cash and Cash Equivalents</strong></td>
<td>19,830,495</td>
<td>15,721,932</td>
</tr>
<tr>
<td><strong>F. Closing Cash and Cash Equivalents (D+E)</strong></td>
<td>25,337,233</td>
<td>19,830,495</td>
</tr>
</tbody>
</table>

The above closing cash and cash equivalents include:
- Cash in hand | 43,840 | 60,839 |
- Cash at bank | 25,193,393 | 19,669,656 |
- Prize bond | 100,000 | 100,000 |
| **Total** | 25,337,233 | 19,830,495 |

Dated: Dhaka
May 08, 2011
Editorial Team

Coordinating – A.K. Azad
Support Team – Zakirul Haque, Malay Kumar Karmaker
                  Md. Khaledizzaman
Report Writing – Mohammad Yousuf
Editing – Monira Rahman
Photograph – ASF Photo Gallery, Shafiqul Alam Kiron, Josh, WUNRN
             Syed Zakir Hossain, A.K. Azad, Alexandra Grill

Design and Production – Expressions Ltd

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Ambassade van het Koninkrijk der Nederlanden

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Mr. Mehtaj Hossain, Ms. Sharmin Lucky
U. H Rasheda Akhtar Khanam, Mr. Takamori
Mr. Anjan Chowdhury and Various Persons.