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About Acid Survivors Foundation

Acid Survivors Foundation (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.

It is an independent, non-government, non-profit organization, set up as a Trust and registered with the NGO Affairs Bureau of the Government of Bangladesh. It is the only specialized NGO in Bangladesh working to prevent acid and burn violence; empower survivors, especially women and children; and campaign for prevention and elimination of this violence. ASF works with an integrated approach, using a holistic (bio-psycho-social) multi stakeholder approach backed by research, experience and evidence.

Acid violence takes place in many societies but very few have faced it head on. Before late nineties acid throwing was not recognized as a form of violence against women in Bangladesh until ASF was set up on 12th May 1999 as the first organization to challenge this scourge. Since then ASF has emerged as a global pioneer in tackling the problem of acid violence.
Let me begin by thanking the survivors of acid violence whose courage, resilience and commitment inspire me every moment I think of Acid Survivors Foundation (ASF), an amazing institution working against one of the worst forms of violence and for promoting rights of the victims.

I commend the staff of ASF, headed by our able Executive Director Monira Rahman for a successful 2012. My cordial thanks go to Board colleagues for the passion and commitment with which they have guided and supervised the work of the Foundation.

Our deepest gratitude to our donors, especially Manusher Jonno Foundation, UK Aid (DFID), AusAid, and UNICEF and many individuals within the country for their generous support without which much of what we have achieved would be a far cry.

I am grateful to the Government of Bangladesh for the support and cooperation we have got in pursuing our mission. I also thank the media, our network partners, both national as well as local, and other stakeholders for their excellent partnership and collaboration.

As the following pages show, 2012 was yet another successful year for ASF. It was a collective effort to pursue our dream of dumping acid violence into a museum of history. We have continued our work combating the legal challenges that acid survivors face; our advocacy for justice to survivors and for exemplary punishment for perpetrators have intensified, though it hasn’t been neither easy nor as successful as we would have liked, due to a deficit in law enforcement, collusion, corruption, and bureaucratic pitfalls.

Our efforts to nurture and train survivors to transform the victims of the brutality into change agents have continued. We have allocated more resources for rehabilitation support, more tools and training, and above all for empowering them to become social justice champions and peer educators in strengthening the voice and demand for their rights and justice.

As we move on, we appeal to you for continued support in whatever manner possible so we can sustain the declining trend of acid violence to reach the zero level, and our passion to position ASF as a center of excellence for burn treatment in a holistic approach that incorporates biological, psychological, and social factors for effective and sustainable rehabilitation of survivors.

Finally, I would like to thank our very dear survivors again, for being a truly amazing group of individuals who deserve to be celebrated for their resilience and strength.

Sincerely,

Dr. Iftekharuzzaman
Chairperson of ASF Board of Trustees
Message from the Executive Director

Dear Friends of ASF,

As ASF enters its 14th year, I am proud to share with you our work and accomplishments for 2012. In 2002 we committed to eradicating acid violence by 2015—and it looks like we are well on our way to achieving that astounding goal; a landmark year for us, 2012 saw acid attacks in Bangladesh finally fall below 100 attacks/year. Moreover, we have begun exciting new projects on the ground, continuing to make acid violence history in Bangladesh and making the world a better place for acid survivors.

I am both pleased and grateful to our many partners and donors, the Government and corporations, NGOs and special individuals, for their contribution to the progress we have made in the years since ASF was founded. Since 1999, we have never wavered in our commitment to providing top-line holistic care for acid survivors. From access to the best medical care, psychological support, and physical rehabilitation, to robust social support and legal counseling, we have been able to expand and develop a portfolio of essential services that have helped thousands of survivors get back on their feet.

Despite our successes, we know well that even one attack is one attack too many, and that there is no treatment or compensation that can provide redress to the survivors—many of whom are children—must live for the rest of their lives with the multitudinous consequences of their attack. This knowledge drives and motivates us to seek out ways to ensure that survivors are best enabled to live their lives as they desire, and to pursue their happiness however they choose. For Moni, 13, who was attacked this year, this will mean seeking special Braille-based education so that she can continue her studies and one day be financially independent. For Durjoy, 8, this means getting a tutor that can help him with his speech impediment. The challenges are never-ending, but despite this, our survivors are inspiring motivated, hard working, and determined.

2012 also saw us developing a fleet of super survivors who have become more than just spokespersons to us at ASF, they have become change agents, taking up the mantle and creating positive change in their communities by rallying fellow survivors to become educated on, and insist upon, their rights. It has been beyond moving to see many of these women and men embrace their newfound empowerment and set an example for the rest of us.

As we continue the fight towards an eradication of acid violence, I would like to congratulate my colleagues at ASF, who devote their time, energy, and heart to our cause. I also would like to thank our esteemed Board members for their devotion, time, and guidance in upholding our organization’s commitment to transparency and accountability. It is due to these groups that ASF is what it is today, and is set up for a bright and successful future.

Sincerely,

Monira Rahman
Executive Director, ASF
Executive Summary
ASF has come a long way since it was established in 1999 with a vision to reduce and eventually eliminate acid attacks in Bangladesh. ASF’s most significant achievement is the declining trend of acid violence that has continued since 2003. The year 2012 saw the lowest rate of acid attack in Bangladesh where for the first time the recorded number of acid attacks was below 100. Part of ASF’s mission is to reduce acid attack to below 50 by 2015 to contribute to the Millennium Development Goal to promote gender equality and empower women. The current declining trend of acid violence suggests that ASF will likely be able to reach this goal. This progress pays tribute to the enormous amount of effort that the government, civil society, and NGOs have expended to rid Bangladesh of acid crime and ensure that the dialogue around gender-based violence is robust and dynamic.

This year, ASF began its journey to achieve the vision and mission defined in its five year strategic plan by translating the overarching goals into day to day activities. ASF has been working towards its vision by working on a multilevel approach which includes: prevention of acid and burn violence, comprehensive medical support, legal assistance, research and advocacy, and social and economic rehabilitation. This model of holistic approach has been recognized nationally and internationally as a unique model for addressing the needs of acid and other burn victims. In the future ASF plans to work with national and international institutions to establish its own hospital complex and further strengthen the capacity of the hospital where it can be accredited as a center of excellence.

In the next five years ASF also plans to scale up its prevention activities to reach a wider audience through a more targeted approach by working with male and female youth to implement awareness raising campaigns. These campaigns will focus on changing boys and men’s attitudes towards gender and promoting new notions of masculinity that are associated with non-violence, respect, and equality. Moreover, ASF will continue to focus on the capacity building of survivors, to ensure they are empowered and have the knowledge and skills to fend for themselves. ASF will provide survivors the assistance they require for legal procedures, information on their rights and ensure that survivors are reintegrated into their families, communities and workplace and are part of mainstream society.

Finally, ASF has been instrumental in ensuring that mechanisms and practices are there to hold the duty bearers accountable for prevention of acid violence and better inclusion of acid survivors. The year 2012 marks 10 years since the government of Bangladesh introduced two acid laws, and even though there has been a steady decline of acid violence, the conviction rate for acid crimes remains low. Therefore, in the coming years ASF will continue its work to strengthen the existing mechanisms but will also focus on empowering survivors so they can demand their rights from these duty bearers. ASF has started the process of developing capable survivors to act as change agents who will unite other survivors and foster survivors’ groups. In 2012 ASF has seen the formation of 21 survivors groups and ASF is now working towards strengthening the capacity of these groups so these groups are functioning as a platform for a collective voice to demand justice, protect rights, and act as advocates for social change for prevention and better inclusion.

This annual report covers many of the exciting events and accomplishments that ASF experienced in 2012. This year ASF participated in a panel discussion on ‘Acid Attacks- Violence against Rural Women and Girls’ at the 56th meeting of the UN Commission on the status of women in New York. Also, in 2012 ASF Bangladesh played a crucial role in developing ‘Global Theory of Change to Combat Acid Violence Worldwide’ in partnership with other similar organizations from Pakistan, Nepal, Uganda and Cambodia and facilitated by Acid Survivors Trust International a UK based charity. The ‘Global Theory of Change’ provides an opportunity for all ASFs to share best practices and to develop a framework for future cooperation and collaboration among all ASFs where ASF Bangladesh with its knowledge and expertise has been identified to take a lead role in building the capacity of other ASFs.
Trends and Motives

Major Trends in Acid Violence

ASF has been working since 1999 to reduce and eventually eliminate acid violence in Bangladesh. Since ASF started its work it has focused on prevention activities by raising awareness on acid violence through print media, TV, and radio. Also, due to ASF’s lobbying, the Bangladeshi government signed two key pieces of legislation in 2002 criminalizing acid violence and the illegal distribution of acid and making the maximum sentence the death penalty for perpetrators. Due to these efforts, the trend in acid violence has come to a steep decrease going from 496 attacks in 2002 to 98 attacks in 2012.

Motives

Since 1999, ASF has been collecting information on the motives behind acid attacks to effectively design its prevention activities. Largely affecting women and girls, acid violence is gender-based, perpetuated by hegemonic masculine norms that disenfranchise a woman’s right to her own body, making her vulnerable to abuse. In 2012, key reasons for attack been land disputes, financial disputes, marital disputes, dowry disputes, and refusal of marriage proposals and sexual advances. There are others, but these appear to be the most common reasons.
This year, as in the last 10 years, it appears that the refusal of marriage and sexual proposals and property disputes (24% and 25% of all attacks, respectively) are the two most common motives cited for causing acid attacks in Bangladesh. This gives insight into the overall status of women in Bangladesh. Traditionally, women are considered to be men’s property and their choices and independence are systemically controlled by men. When a woman exercises her right to say no to a marriage proposal she is punished for asserting rights outside her traditional role. Furthermore, although men hold the power and resources within family and control any property and family income, women and girls are often the target of violence over land and family related dispute. This reinforces that culturally and socially the family is still seen as the rightful place for women and yet it is within this domain where power relations are often played out and the family becomes the site for discrimination, deprivation, and exploitation. It is within the family setting where discriminatory socialization processes occur, which in turn result in promoting and justifying violence against women.

Reasons for Acid Attacks in Bangladesh for 2012

Gender Segregation for Reasons of Acid Attacks for 2012

1 Baseline Report on Violence Against Women in Bangladesh, Prepared by Naripokho and Bangaldesh Mahila Parishad, coordinated by IWRAW Asia Pacific.
Profile of Acid Victims

ASF conducted a need assessment survey of 1,267 survivors and based on the findings of the survey it has been seen that there are some common characteristics of victims of acid violence. 70% of the victims of acid violence are women and girls whereas 30% are men and boys.

Gender and Age Segregation of Victims of Acid Violence

Most female victims belong to the 13 to 25 age group and most male victims belong to the 26-45 age group. The majority of victims of acid violence come from a poor education background with 14% of victims who are illiterate, 33% of victims who are only able to sign their name, and 22% of the victims have completed class 1-5. This indicator reveals that the at least 70% of the victims are economically and socially the most vulnerable in society.
The survey also revealed that in 39% of the cases the perpetrator is either the victim’s husband or someone from her immediate family or husband’s family and in 54.6% of the cases the perpetrator is a neighbor. This suggests that in almost all cases the perpetrator is known to the victim and the perpetrator is either from the same household or community. The survey also indicated that 97% of all acid incidents occur in the rural areas. In Bangladesh, there is a tendency particularly in village areas to legitimize patriarchal norms on the basis of tradition and orthodox religion. Therefore, community leaders and local elites often try to enforce patriarchal traditions to maintain their own positions within the community by remaining silent and failing to protest against violent acts targeted towards women\(^2\). All the factors mentioned above put the victim at high risk of facing discrimination and stigmatization in their families and communities.

\(^2\) Farouk A Sharmeen “Violence against women: A statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them” BWLA, 2005
ASF’s 20 Bed Hospital
A multi disciplinary team composed of skilled nurses, doctors, plastic and reconstructive surgeons, physiotherapists, nutritionist, psychologists, social workers and others work together in ASF’s 20 bed hospital to ensure that survivors get the customized treatments and therapies they need in order to get as near as possible to their pre attack situation.
When ASF started its work there was no official data available on the acid attacks. ASF in collaboration with BRAC developed a nationwide notification system to identify an acid attack within 24 hours, investigate their situation and bring them to ASF hospital in Dhaka within 48 hours. The Notification and Referral Services is vital to helping ASF find the victims who need help. The unit notes down every new and old acid attack the moment the news reaches ASF and measures are taken to bring the victims to ASF hospital, if possible, within 48 hours of notification. The case is also referred to medical, legal & rehabilitation units for further action.

During 2012, a total of 98 persons were attacked by acid by 68 different incidents. Among them 21 were male and 51 were female and 26 children. 60 patients have been brought to ASF for medical treatment.
Medical Treatment Services

Acid violence is physically destructive and can require multiple surgeries and physical therapy to minimize damage and disability. Because the acid used in attacks is usually industrial-grade hydrochloric or nitric acid, the intensity of the burns can be extremely severe if not properly treated. Common injuries include melted tissue, exposed bone, and damage to eyes and ears. However, the scars left by acid are not just skin deep. Many survivors suffer from psychological breakdown including identity crisis because of their lost and distorted appearance.

The initial shock of the attack leaves the victim in a very vulnerable position. The economic burden of seeking health treatment puts immense pressure on survivors and their families. Majority of acid victims come from low socio economic status and they lack the financial and social supports to enable them to deal with such a crisis. In addition to the health shock, victims are exposed to the uncertainty of whether the perpetrator will be brought to justice. The prolonged legal proceedings and in many cases seeing the perpetrators set free add to the psychological trauma that victims have to endure. Survivors also face many mental sufferings coping with disfigurement resulting from the burn injury. Having a visible disfigurement can attract unwanted attention and social stigma. In the South Asian sub-continent society’s notion of physical beauty is strongly linked to the chances of good marriage prospects. For female survivors maintaining a positive body image is challenging if they have to continuously encounter negative reactions to their disfigurement. Society’s strong reaction can drastically alter a survivor’s self esteem and sense of identity. For survivors of acid violence they have to undergo a period of loss for their old appearance and readjustments to their new appearance1.

Applying a Bio-Psycho-Social Model of Treatment

Specialized hospital care is essential to recovery of burn injuries. Burn care involves high expense for wound management materials, staffing, equipment, and long term scar management products. There are also common long term issues for acid victims resulting from the initial trauma, consequential scars, and other social factors such as economic and social vulnerability, on-going legal procedures and fear of stigmatization and social exclusion. ASF’s holistic care incorporates the physical, psychological and social aspects of care and protection of their rights. A Multi Disciplinary team composed of skilled nurses, doctors, plastic and reconstructive surgeons, physiotherapists, nutritionists, psychologists, social workers and others work together in ASF’s 20 bed hospital to ensure that survivors get the customized program of treatments and therapies they need in order to go back to their lives. The bio-psycho-social model of treatment not only focuses on clinical burn management and rehabilitation of burn patients which include assessment and management of the burn wound, skin grafting, reconstructive surgery and ongoing efforts to minimize the adverse effects caused by injury in terms of maintaining range of movement, minimizing contracture development and the impact of scarring, and maximizing functional ability. The model also concentrates on maximizing psychological well being and social integration.

1 Living with Disfigurement- Managing the Challenge published by Changing Faces
Clinical Burn Management

Once a patient is brought to ASF’s hospital through ASF’s Notification and Referral services the patient is admitted based on whether the burn injury is acid burn, if the percentage of burn is less than 30% and if the patient has no other complications or associated injuries or diseases. If the patient’s percentage of burn is greater than 30% and if there are other complications and requirement of ICU care ASF refers the critical patient to specialized hospitals with ICU facilities. However in both circumstances ASF bears the total cost of the treatment.

Once a patient is admitted in ASF’s hospital the patient is treated as a multiple trauma patient and a primary survey is conducted by qualified physicians with particular emphasis on the assessment of airway and breathing. At the end of the primary survey and the start of emergency management, a secondary survey is performed. This is a head to toe examination to look for any associated injuries. After assessment of the burn victim ASF’s burn team takes the necessary steps like wound excision, debridement, escharotomy (if required) which is followed by regular dressing. The burn team also does an assessment on whether surgical intervention is required. Usually patients with deep burn injuries, mixed burn injuries, burn injuries with infection, and patients with severe contractures as a result of delayed treatment require surgical interventions. From the onset of clinical treatment the patient also receives physiotherapy and psychological services to aid in the recovery process. A patient may require multiple surgical interventions and therefore once a patient is released from the hospital the patient may be asked to return to receive follow up treatment.

### Treatment Provided in ASF Hospital 2012

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted new patients</td>
<td>60 patients</td>
</tr>
<tr>
<td>Admitted old patients</td>
<td>89 patients</td>
</tr>
<tr>
<td>Other burn patients</td>
<td>6 patients</td>
</tr>
<tr>
<td>Outdoor services</td>
<td>435 visits</td>
</tr>
<tr>
<td>Plastic and reconstructive surgery</td>
<td>81 surgeries</td>
</tr>
</tbody>
</table>

Physiotherapy

Physiotherapy is a key component of burn rehabilitation for acid survivors. It comprises the physical exercises and rehabilitations necessary for survivors to regain key muscle and limb function, and includes mostly manual therapies conducted by a trained physiotherapist. Exercises, massage, manual manipulation, mobilization, stretching, and other activities using ultrasound, infrared radiation (IRR), or a muscle stimulator are employed as needed. Therapies commence once the patient has been sufficiently deemed ready for physical activity.

The goal of physiotherapy is to aid the patient in regaining as normal or functional physical capabilities as possible, ideally returning him or her to their pre-attack functionality. Secondary goals are to prevent contracture, to maintain joint range of motion, and to prevent or reduce scarring.

The most common ailments that affect acid survivors are deforming hypertrophic scarring and contracture at the site of the wound. Joints need special attention to prevent contracture after burn trauma. Sensitive areas like the face, chest, joints, perineum/genital areas are particularly in need of special care.
Among those who have received treatment at ASF is Nasrin Akter from Khulna, whose injuries were among the most critical. Eleven percent of Narin’s body exhibited severe burn wounds, much of which was infected. When she arrived, she was kyphotic in posture (curved spine) and her gait was abnormal, resulting in unusual or uncontrollable walking patterns. After long pre and post-operative physiotherapy care period, her posture and gait returned to almost normal.

Benefit of immediate use of water on Chemical Burn: Comparison between two Cases

**Minu Begum** age 40, was admitted at ASF hospital in May 2012, two days after the attack. Minu Begum did not flush the affected area with water. She was diagnosed with 4% burn on her face and right hand. Minu Begum needed two surgical interventions involving fifteen surgical procedures for which she had to stay in the hospital for 30 days.

**Ruma** age 18 was admitted in ASF hospital in October 2012, four days after the acid incident. She had immediately used water for two hours after her skin was exposed to acid. Ruma was diagnosed with 2% burn on her face and right hand. As a result of immediately using water Ruma’s wounds healed in ten days and she did not require any surgical interventions or follow up treatment and she had to stay admitted in the hospital for only six days.
ASF has partnered with Interburns, an international network of expert burn care professionals seeking to transform the global provision of burn care in low and middle income countries. Essential Burn Care (EBC) orientation course for healthcare professionals is a unique training tool developed by Interburns to help mitigate the number of deaths and disabilities due to burns all around the world. The course was designed specifically for low resource environments and is appropriate for non specialist doctors, nurses, and therapists. EBC has been internationally endorsed by the Royal College of Surgeons (Edinburgh) and the International Society of Burn Injuries (ISBI).

Burn care training is particularly necessary in developing countries. Because the majority of burns happen in isolated and rural areas, patients usually receive primary treatment in non-specialist hospitals or at health facilities by staff that lacks the proper training in burn care. The treatment that many acid and burn victims receive is not only delayed, but often inappropriate and inadequate. In many health facilities around Bangladesh, burn patients endure unnecessarily prolonged pain and suffering as a result of not receiving timely and proper care due to a lack of skilled staff. EBC training provides non-specialist individuals with the tools to be able to address burn emergencies.

In 2012, Interburns conducted a three day training which began with an EBC course run by the international team, followed by a training of trainers for 20 health professionals and concluding with an EBC run by the local faculty and instructors who have been developed as a core trainer group to conduct EBC courses throughout the country. The local trainers conducted 6 EBC trainings and 210 healthcare professionals participated in the trainings.
Acid attacks cause egregious damage on many fronts; there are tremendous psychological and social implications for the survivors’ recovery aside from the extensive and significant physical treatment of acid victims.

ASF is one of the few holistic service providers in the country with the capacities to provide hospital based psychological support and community based psychosocial support to aid victims and their families in the aftermath of their attacks. ASF initiates psychological treatment as soon as a patient is admitted in the hospital. ASF has one clinical psychologist and two peer counselors on staff at its hospital to provide on-site counseling and psychotherapeutic services. At ASF peer counselors are survivors who are able to provide counseling to other fellow survivors, in order to promote a bonding and sharing between peers. ASF also arranges different therapeutic activities, like music and art therapy, to encourage patients, especially children, in creative expression and recreation. While admitted in the hospital the survivors also receive social skill development training to enhance their social competence. The clinical psychologist helps a patient in defining a new positive self image. The patient is encouraged to identify themselves as a survivor instead of a victim.

Once a patient is to be released from the hospital ASF psychologist along with ASF’s Rehabilitation and Development Unit prepare a plan to facilitate a survivor’s reentry and reintegration into life at home. For many patients it means returning home to their families but for many whose attacker was a family member it means starting over a new life. Many survivors are ambivalent about leaving the safe environment of the hospital in fear of social rejection or ridicule because of their changed abilities or appearance. ASF not only prepares a patient and their families for discharge but ASF also take measures to prepare the community. ASF does this by conducting community meetings involving community elites including members of union parishad, chairman, teachers and other professionals to sensitize and mobilize community leaders to respond to survivor’s needs.

Recognizing the need for long term psychosocial support, ASF also conducts community clinics where the most vulnerable survivors are able to access counseling and emotional support. ASF staff trained in psychosocial interventions uses a standard anxiety depression scale to identify social factors that are affecting a survivor’s mental wellbeing and take necessary action to minimize psychological distress. ASF change agents who have received psychosocial training provide emotional support to survivors through door to door visits. Furthermore, ASF staff continues to provide guidance and emotional support to survivors over the telephone.
Art Therapy
Hena is engaging in art therapy which is effective in dealing with the aftereffects of trauma. ASF arranges art therapy to encourage patients, especially children, in creative expression and recreation.
Psychological Support Services Provided at ASF Hospital:

Individual Counseling/Psychotherapy
Survivors are provided individual, customized counseling to prevent the onset or progression of morbidity (preventing further trauma and counseling the present problem). In 2012, 51 survivors received individual counseling sessions.

Group Therapy
Group counseling is available for survivors, to encourage and facilitate discussion around their experiences before, during, and after the attack. (Solutions come from the group and finally expert gives own suggestion). In 2012, 53 survivors participated in group therapy sessions.

Family Counseling
ASF provides counseling for immediate family members of survivors, including trauma counseling and social rehabilitation. In 2012, 24 family members of acid victims received counseling sessions.

Music Therapy
Survivors sing and play instruments, individually or in a group. Music has been shown to have relaxing and therapeutic qualities. In 2012, 129 survivors participated in music therapy sessions.

Art Therapy
Survivors engage in drawing, painting, and other visual arts, to develop a visual vocabulary of expression, guided by a trained art therapist. In 2012, 141 survivors participated in art therapy sessions.

Social skill development training
ASF holds training sessions to help survivors learn adaptive communication skills in order to increase social fluidity. In 2012, 1 training was conducted with 25 participants.

Psychosocial Support Services provided at Community Level:

Community Clinics
ASF conducts community clinics where the most vulnerable survivors are able to access counseling and emotional support.

Door to Door Visit
Acid survivors developed as peer supporters follow up with survivors at the community level through door to door visits where they provide guidance and emotional support to survivors. In 2012, peer supporters made 1,087 door to door visits.
WHO has identified burn as a serious public health concern particularly in developing countries. According to WHO over 95% of fatal fire-related burns occur in low and middle income countries. South-East Asia alone accounts for just over one-half of the total number of fire related deaths worldwide and females in this region have the highest fire-related burn mortality rates globally. In addition to those who die, millions more are left with lifelong disabilities and disfigurements often resulting in stigma and rejection. Furthermore, burn injuries disproportionately cause economic hardship on low income countries. Severe burns leave victims with disabilities that cost more than USD 80 billion per year in lost wages and skills out of which 95% of the economic burden occurs in developing countries compromising economic and social development where it is most needed.

The cost of managing burn injuries is invariably high even for the most developed countries. Long hospital stays, multiple operations and expensive equipment requirements make it very costly. Burn injuries require specialized treatment and prolonged care and burn management that can be especially challenging to find in developing countries. Most burn centers are situated in large cities and are inadequate for the high incidences of burn violence cases in rural areas. Moreover, public hospitals are ill-equipped with well-trained staff and support facilities. In recent years, the Government of Bangladesh has taken initiatives to improve the central burn care facility in Dhaka as well as introduce burn units in all district hospitals. However, there is excessive pressure on existing burn care facilities to provide quality treatment as they are already overburdened with burn patients.

The objective of burn treatment has extended the traditional role of burn management to well beyond completion of acute wound closure to rehabilitation, reconstruction, and reintegration of burn patients. Moreover, victims who have suffered burn injuries as a result of violence require both effective physical care and also psychological rehabilitation, which involves prolonged treatment. ASF has the facilities and means to help treat burn wounds that range from acid to fire to scalding water—the capacities ASF has developed over the years has created a center where burn victims can receive help— from first line treatments, to surgery, to recovery. However, due to funding gaps ASF is currently operating with limited infrastructure which includes a 20 bed hospital without ICU facilities for critical patients. Recognizing the need for more quality burn care treatment facilities in Bangladesh, ASF plans to enhance the quality and quantity of treatment and care by benchmarking its holistic treatment model at an international level. ASF plans to enhance its own infrastructure and capabilities by establishing its own specialized hospital complex with the facilities including ICU care which will enable ASF to be able to provide holistic treatment to more acid and other burn victims in Bangladesh. ASF has already started the process of acquiring land to build the hospital complex and plans to engage in more fundraising activities to mobilize funds to develop the hospital infrastructure. ASF envisions the hospital to act as a centre of excellence for providing evidence based holistic burn care services and serve as a model to be replicated nationally and internationally in other developing countries.

1 http://www.who.int/violence_injury_prevention/other_injury/burns/en/  
2 ReThink Burns accessed at http://internationalmedicalcorps.org/document.doc?id=254
Acid violence can only be addressed if all enabling mechanisms are eliminated and the judicial system is the key interface for addressing acid violence. In Bangladesh, acid violence arises from a combination of three main factors: gender inequality and discrimination in a patriarchal social structure, the easy availability of acid, and deficits in effectively punishing perpetrators.

ASF aims to ensure that survivors have better access to the legal justice system. Therefore ASF has taken an active stance in advocating for an effective criminal justice system. However, currently, the legal framework in Bangladesh has largely failed to protect the rights of individual victims of acid violence especially where a low percentage of perpetrators are convicted; when they are convicted, sentences are light and are often influenced by political connections and collusion.

According to the Acid Crime Control Monitoring Cell report of the Police Headquarter a total number of 1794 acid cases have been filed from 2002 till 2012. Out of 1794 cases 1076 charge sheets and 700 final reports have been submitted to the court of law. This indicates that of all the cases filed until 2012, in 39% of cases the investigation resulted in submission of a final report which was not in favor of the victim. There are various challenges faced in the stages of investigation which include inadequacies in First Information Report (FIR), slack and flawed investigation, deficiencies in charge sheets and in framing of the charge, ambiguous and incorrect medical report, and lack of identification of the perpetrator. Furthermore, numerous reports and studies in Bangladesh have indicated that the police force is more prone to taking bribes and being influenced by political connections and in most cases perpetrators of acid crimes are more well off and politically influential than the victims which can affect the outcome of the investigation.

The Monitoring Cell Report also reveal that although a total of 1794 cases have been filed since 2002 the conviction rate for acid crimes is only 9.6% while 27.1% of cases resulted in acquittals where the accused was free from the charge of the offense. The acquittal rate is higher than the conviction rate which suggests that large number of acid crimes go unpunished. This is also true in cases of other forms of violence against women. According to a Brac study on “The Legal Challenges on the Way to Judicial Remedy in Rape Cases” the lowest rate of judgment coming in favor of the clients in Brac’s Human Rights and Legal Services (HRLS) program was rape at 41% followed by acid throwing at 53%.

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1 The Legal Challenges on the way to Judicial Remedy in Rape Cases: The Role of Human Rights and Legal Services Programme of BRAC, BRAC Research and Evaluation Division, 2009.
Another alarming indication from the Monitoring cell report is that of all the cases that has been filed since 2002 only 36.8% of the cases have received a legal judgment whereas 63.2% of the cases have yet to receive any court judgment in the last 10 years. However, under the Acid Crime Control Act and the Acid Control Act of 2002, there is mandate for the creation of Acid Crime Tribunal in each district where the tribunals have exclusive jurisdiction over acid attacks regardless of the victim’s sex. The tribunal has to complete the whole trial within ninety days of receiving the first written instruction and once a tribunal starts hearing a case, the hearing is supposed to continue every working day until it finishes.

The overall scenario for victims seeking justice for gender based violence is challenging in Bangladesh. Since the state run One Stop Crisis Centre (OCC) was established, 17,584 victims have been treated at the OCC, out of which 3,969 have filed cases against the perpetrators meaning that 77% of the victims have chosen to keep quiet2. This suggest that the majority of victims decided to either compromise and settle outside of the court or not at all pursue legal action to escape from social and economic vulnerability. ASF has faced similar challenges over the years with victims of acid violence. From the beginning of the investigation, victims often

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Report of Acid Crime Control Monitoring Cell

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Cases Filed</th>
<th>Charge Sheet</th>
<th>Final Report</th>
<th>Under trial</th>
<th>Conviction</th>
<th>Acquittal</th>
</tr>
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<tbody>
<tr>
<td>2002</td>
<td>209</td>
<td>156</td>
<td>53</td>
<td>156</td>
<td>43</td>
<td>95</td>
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<td>2003</td>
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<td>158</td>
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<td>158</td>
<td>33</td>
<td>95</td>
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<tr>
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<td>208</td>
<td>129</td>
<td>79</td>
<td>129</td>
<td>24</td>
<td>88</td>
</tr>
<tr>
<td>2005</td>
<td>206</td>
<td>122</td>
<td>84</td>
<td>122</td>
<td>24</td>
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<tr>
<td>2006</td>
<td>146</td>
<td>80</td>
<td>66</td>
<td>80</td>
<td>12</td>
<td>34</td>
</tr>
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<td>2007</td>
<td>177</td>
<td>109</td>
<td>68</td>
<td>109</td>
<td>11</td>
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<td>2008</td>
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<td>80</td>
<td>83</td>
<td>80</td>
<td>7</td>
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<tr>
<td>2009</td>
<td>129</td>
<td>70</td>
<td>59</td>
<td>70</td>
<td>13</td>
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<td>2010</td>
<td>97</td>
<td>59</td>
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<tr>
<td>2011</td>
<td>100</td>
<td>59</td>
<td>41</td>
<td>59</td>
<td>2</td>
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</tr>
<tr>
<td>2012</td>
<td>101</td>
<td>54</td>
<td>29</td>
<td>54</td>
<td>3</td>
<td>1</td>
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<tr>
<td>Total</td>
<td>1794*</td>
<td>1076</td>
<td>700</td>
<td>1076</td>
<td>173</td>
<td>487</td>
</tr>
</tbody>
</table>

*Investigation report of 18 cases will be completed in 2013 and hence the number of charge sheets and final reports submitted does not add up to the total number of cases filed.
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The overall scenario for victims seeking justice for gender based violence is challenging in Bangladesh. Since the state run One Stop Crisis Centre (OCC) was established, 17,584 victims have been treated at the OCC, out of which 3,969 have filed cases against the perpetrators meaning that 77% of the victims have chosen to keep quiet. This suggests that the majority of victims decided to either compromise and settle outside of the court or not at all pursue legal action to escape from social and economic vulnerability. ASF has faced similar challenges over the years with victims of acid violence. From the beginning of the investigation, victims often face continuous harassment from law enforcing authorities, the community and the perpetrator's family and many victims often withdraw their cases to avoid further social humiliation. Some victims lose faith in the justice system as a result of non-cooperation from public prosecutors and constant delays in trial dates. Victims also find it difficult to find witnesses willing to testify in court and in many cases even doctors are reluctant to come to court to provide evidence. In most cases victims are unable to bear the costs of taking time off from work and frequently travelling to court and other places to monitor the progress of their cases. The majority of acid violations occur in remote areas of Bangladesh at the grassroot level and since ASF is based in Dhaka and does not have the set up to directly provide legal services to survivors, ASF has to rely heavily on its legal partners. However, ASF has identified the challenges of seeking justice for victims of acid violence and will continue to advocate with the government and other human rights organization to minimize these barriers.

**ASF’s strategy to provide legal support**

ASF provides legal support to acid survivors by referring acid cases to ASF’s legal partners, regularly following up with law enforcing agencies, raising awareness, and advocating at the national and local level for proper enforcement of the two acid laws.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>In providing legal support to survivors by referring them to one of ASF’s legal partners (BRAC, Ain O Salish Kendro (ASK), Bangladesh National Women Lawyer’s Association (BNWLA), and Bangladesh Legal Aid Services Trust (BLAST))</td>
</tr>
<tr>
<td>Legal Advice &amp; Follow up</td>
<td>As the legal partners pursue cases for the survivors at the local level, ASF’s case managers make follow-up visits to monitor the role of police and public prosecutors and correspond with local partners for better collaboration between all parties.</td>
</tr>
<tr>
<td>Advocacy &amp; Lobby</td>
<td>To speed up fair investigations and trials, ASF along with legal aid partner NGOs also holds conferences and panels to discuss new and better methodologies and to provide status updates on the current landscape of acid crime in Bangladesh.</td>
</tr>
<tr>
<td>Awareness Raising</td>
<td>ASF also works with media both electronic and print media to raise awareness on the two laws and also to raise concerns related to impunity, corruption and structural and procedural barriers for effective implementation of these laws.</td>
</tr>
</tbody>
</table>
Rehabilitation
Ganga Rani has received a grant and livelihood training from ASF to set up an Income Generating Activity. ASF’s mission is to aid in all aspects of recovery and rehabilitation, from medical treatment to psychological counseling, to skills-based training as a means to a better livelihood.
Survivors’ Stories: Rehana
Rehana Khatun was 22 years old when she was attacked in Dhaka by a long-time suitor from her hometown of Gaibandha. Having met him when she was 16 years old, her perpetrator was a local boy who made a habit of stalking Rehana, beginning in 2004. While studying to get her diploma in laboratory medicine in Dhaka in 2010, Rehana's harasser would habitually call her despite her protests, and even showed up at her college campus to harass her in person. On one night, he followed her home after class. When Rehana confronted him about his behavior, he simply flaunted his position as army personnel and refused to cease.

Disturbed by his constant unwanted attention Rehana felt the need to hide her identity as much as possible and adopted the habit of wearing a “burkha” to class and even taking different routes so as to disrupt his knowledge of her habits. When even this did not deter him, Rehana confronted her attacker about his behavior and told him that if what he wants is marriage that he must approach her parents for her hand, first. Balking at this, Rehana’s attacker refused on the grounds that he knew her father would not agree to such an arrangement.

In January 2010, Rehana was hired as a Pathological Technologist at the Rangpur Northern Medical College. That year, she decided to visit home before the Eid-ul-Azha celebrations; returning home, she had a run-in encounter with her future perpetrator who immediately resumed his past pattern of harassing her. The next day, Rehana was at home getting ready for bed. Around 12:30 am, while she was on the phone, Rehana heard a noise from outside and thinking it was a thief, Rehana went to inspect the source of the noise. She was instantly attacked with a vial of acid to the face.

Rehana was immediately taken to a hospital in Rangpur for first-aid treatment and then to Dhaka Medical College Hospital (DMCH), where she underwent three operations. She was brought to ASF in March 2011 where she underwent four more operations. Currently, Rehana receives support from ASF in the form of money and tuition of BDT 1,500. She also works at ASF as a volunteer and works with other survivors in attending and organizing events. Rehana’s perpetrator is currently at large. Released on bail and never sentenced, he was found innocent due to his affiliation with the Bangladeshi army; abusing his status and position, he will likely not receive due retribution for his crime.

Rehana’s attack put a pause on her academic studies, but after her treatment, she was adamant about continuing her education. Enrolling in an Honors Programme at Prime Asia University in 2012, she decided to major in Microbiology. However, due to the high tuition fees (approximately BDT 12,000 per month) Rehana was unable to continue and dropped out after one semester.

Despite the setbacks that she has faced, Rehana is an ambitious and determined woman who is focused on making a better life for herself. In 2013 she was hired as a Medical Technologist at BRAC’s Tuberculosis Control Programme. Though she is happy with her job, she hopes to one day work for the government.
Shamima Akter was born and raised in Naogaon, where she currently lives with her parents and four sisters in their neighborhood, Potnitala. Currently 19 years old, she was attacked with acid by her husband in 2011 over a dispute over whether or not Shamima would continue her studies as a married woman.

Shamima’s devotion to her education was cause for contention with her husband, Shohidul, who would often even resort to violent means to persuade her to give up on her academic ambitions. Shamima, however, was determined to pursue her dream of joining the armed forces and the Border Guard Bangladesh (BGB) Camp. She refused to quit her studies on his behest and would suffer daily abuses, like beatings and verbal abuse. After repeatedly borrowing money from Shamima’s parents, Shohidul decided to retaliate at his wife and in laws by absconding with a large loan from them. In the middle of the evening on May 25th, 2012, Shamima woke up to find her husband sneaking out of the house, and to find that her face was quickly eroding off her skull. She ran to the bathroom and saw that her skin was falling off her face and that she was burning everywhere. Shamima’s mother bathed her wounds continuous with water in the hopes that the burning sensation would cool down.

Shamima was brought to ASF on the day of her attack with 11% burn mostly affecting her forehead, face, eyes, nose, neck, right ear and left side of chest and both hands. She received four operations and was at the organization for two and a half months. However, undeterred by her husband’s acts, just 15 days after her attack Shamima went back to Potnitala to take her intermediate exams. As a result of the treatment she received at ASF hospital, Shamima’s vision was saved, her hearing was restored and she can function without the aid the support of a hearing aid, and lesion on face and neck were healed without major scar and contracture. Shamima still has post burn contracture on her neck and lower part of her chin and visible scar on her face for which she will require more surgical interventions in the next few years.

The day after the attack, Shamima’s father filed a case against Shohidul at the Pitnitala Police Station, where the local police paid no heed to his complaints. The day after, Shamima was taken to a local hospital in Fakshahi to receive intensive treatment.

Looking to BRAC for aid, Shamima’s father filed a complaint with the legal department at BRAC on behalf of Shamima and the misconduct and neglect of her case at Potnitala Police Station. BRAC accompanied Shamima’s family to petition the village Chairman and the District Commissioner’s office to get her case filed. As a result, the officer in charge at Potnitala Police Station was reprimanded and punished for neglecting his oversight duties to Shamima’s case. 15 days later Shohidul was caught in Uttara, Dhaka. Later he was let out on bail.

Investigations into the case yielded many points of illumination: Shohidul was in touch with one of Shamima’s neighbors to collect surveillance information while he was away on Shamima and her whereabouts. He also arranged to steal Shamima’s cell phone; he bought the acid he used on Shamima from a gold jeweler. His crime represents one of cold-hearted calculation and foresight; no crime of passion, Shamima’s husband deliberately and methodically planned to ruin her life by leaving her horribly disfigured.

As Shamima continues with treatment and rehabilitation, she struggles with trying to remember that her attacker is behind bars; the scars he left behind, however, is a constant reminder of the threat and damage he represents. Nowadays, Shamima has taken to artistic pursuits to help her recover her sense of self and agency—always singing, dancing, and writing poems, Shamima is a creative person who’s talents have not been stifled by the trauma she has endured.
Survivors’ Stories: Moni
Masuda Akter Moni’s story provides insight into a scenario that is very common in Bangladesh. A boy likes a girl, makes unwanted romantic advances, she refuses and he decides to punish her for exercising her right to say “no”. The girl’s life is completely shattered whereas the boy goes back to living his life and society turns a blind eye to the atrocity that he has committed.

Moni was a student of class IX of Shamaj Kallyan Bidyabithi School and College in Rangpur. Moni was an extrovert by nature engaging in many extracurricular activities including art, dance, and music. When she was approached by a local youth who expressed his desire to marry her, Moni refused his marriage proposal. On August 13th, 2012, the youth along with three accomplices held Moni down in front of her house and poured acid on her face. Moni suffered severe burn injuries on her face, eyes, right hand, chest and backside. Moni was first taken to Dhaka Medical College Hospital where she received treatment for her burns but both her eyes were severely damaged and her eyesight began to deteriorate. She was brought to ASF hospital where she received further treatment along with psychological assessment and counseling for the trauma. When Moni first came to ASF she seemed withdrawn and showed signs of depression and anxiety for which she received continuous counseling and therapy. At ASF hospital she was also surrounded by women including a peer counselor and hospital support staff of whom some are survivors of acid violence themselves. This kind of support from women who have had similar experiences give victims like Moni courage and strength to recover from the tragedy and readjust to their new life. Unfortunately Moni suffered severe damage to both her eyes leading to further complications and compromising her vision. ASF referred her to Islamia Eye Hospital in Dhaka were she received four surgeries however due to the complicated nature of her injury she has yet to regain her vision.

When a young girl’s right has been violated in such a horrific way it can be expected that the perpetrator will immediately be caught and punished, and for community members to fight for the victim’s right to justice. In Moni’s case while she was receiving treatment in Dhaka her perpetrator had not been caught and he and his family continued to live in the same community as Moni. Some of her community members blamed Moni for being too social because of her interest in the performing arts which they felt attracted male attention. ASF took steps to inform the Acid Monitoring Cell under the Home Ministry, District Commissioner and Police Superintendent of Rangpur to arrest the perpetrators and take proper legal action. Mr. Shawkat Mostafa, Joint Secretary (Ministry of Home Affairs) and President of Acid Monitoring Cell instructed concerned authority to oversee the action for proper investigation. ASF also referred Moni’s case to its legal partner Brac to provide legal support. ASF also intervened at the community level by mobilizing community members, government officials, local elites, and journalists through community meetings and school campaigns to motivate and encourage community members to take action against these forms of crimes. As a result, the community put pressure on the perpetrator and his family which eventually led to the accused to sell their land and leave the community.

Seeing the perpetrators not being held accountable for the crime that they have committed also delays a victim’s recovery from the trauma. The mental pressure of fighting long legal battles serves as constant reminder of the traumatic incident and prevents the victim from living a normal life. The main perpetrator and one of his accomplices were eventually caught but the main perpetrator was soon released on bail. Even though the perpetrator has requested Moni and her family many times to settle the case outside of court, Moni is determined to bring her perpetrators to justice and is prepared to face the challenges that come with it.
Surma’s case is unique in the case files at ASF for her unusual resilience and tenacity in the face of extreme adversity. While many acid survivors come from poor socioeconomic conditions, Surma faced extreme poverty and neglect as a child. Her father left her and her mother when Surma was born, and two months later, after her mother remarried, Surma was mostly neglected and forced to survive off the charity of others. Attacked when she was only 15 years old in 2001, when she refused the romantic advances of a neighborhood boy, Surma’s prospects were even bleaker. Her chances to use marriage as a way to a better life were greatly diminished, as it was uncertain whether or not she would be able to find a husband who would be willing to overlook her disfigurement.

Surma’s attacker left her with severe burns on the right side of her face, eye, and body, blinding her right eye. Due to the extreme nature of her burns, no one could anticipate how her life would commence, with untold numbers of surgeries in her future and extreme financial constraints—the most optimistic prognosis would be a life where Surma is able to scrape by and survive on a meager income and the generosity of strangers and the local community. The attack left wounds so severe that she required an extensive stay at Dhaka Medical College Hospital, after which she was brought to ASF for further treatment and rehabilitation.

At ASF, Surma began employment training and is currently working in a school for disabled people in Bhola. Financial independence is a crucial step in the rehabilitation process for survivors, who often lose their means of subsistence due to the attack. However, due in part to her work with ASF, Surma was able to turn her life around in significant ways. In 2005, four years after the incident, Surma got married, and she and her husband are now the proud parents of a six-year-old boy. Surma’s life had been on a proscribed downward spiral after her attack, but just a few years later, she was quickly on track to becoming one of ASF’s success stories—Surma has gone from living on the extreme margins of Bangladeshi society as an abandoned and family-less girl, to becoming a self-sufficient mother with bright dreams for her son. Managing to become financially viable, and married with a family, Surma was able to overcome two of the most obstinate hurdles that face acid victims after their attacks.

Surma’s story is representative of many other survivors’, but her case is also special for the unusual resilience and recovery that Surma has managed to attain despite the enormous setbacks and consequences of the violence she has suffered. An empowered figure for survivors everywhere, Surma is a beacon of hope for those who have been egregiously abused and seek to overcome trauma in their lives. Despite her seemingly idyllic ending to a tragic event, Surma does continue to struggle with the ramifications of her disfigurement and disability. Though married to a man who was willing to overlook her appearance, Surma struggles with maintaining a happy marriage and relationship with her in-laws, fearing that they do not like her and judge her for the attack. Furthermore, Surma’s husband took it upon himself to marry a second wife, who soon left the house and abandoned the family. Surma’s husband blamed her for his second wife’s escape, and this issue has created enormous tension in the domestic unit. Left to ponder how she could have caused such misfortune, Surma now faces the complex consequences of the long-term effects of her status as ‘survivor’; the questions and issues that arise from this status reach far beyond treatment and rehabilitation, and beg to be understood as a phenomenon that will forever alter a woman’s life and her prospects for happiness.

Despite marital turmoil, these days, Surma’s life is occupied with the happy tasks of educating her son, who she hopes will one day use his talent for math to become an accountant, and working as an advocate for marginalized women’s groups. In 2006, Surma was granted a parcel of land from Daily Prothom, one of Bangladesh’s daily newspapers, from a fund specifically set up to help enfranchise women who have been attacked with acid. Surma’s plan for this land includes constructing a center where she can aid other survivors of violence in their recovery, and be an example of hope to all who have all who have experienced adversity.
Social and Economic Rehabilitation Services
Social and Economic Rehabilitation Services

Acid violence not only damages victims physically and emotionally, it also carries devastating long-term effects on their psychological wellbeing, and their economic and social lives. Their livelihoods and futures are compromised at the best and irrevocably damaged at the worst. They become vulnerable to legal and economic destitution. Their chances of obtaining a sound education are greatly diminished. The financial burden placed on survivors and their families after an attack increases their chances of slipping further into poverty. Most victims come from families with the lower socioeconomic statuses, and according to a study conducted in 2010 in Bangladesh, 60% of victims’ families (average five members family) made less than Tk. 5000 per month (around $71 USD)¹.

ASF’s mission is to aid in all aspects of recovery and rehabilitation—from medical treatment to psychological counseling, to skills-based training as a means to a better livelihood, ASF offers its survivors the support they need to reintegrate into society, back into their communities, and to continue their education and search for a decent livelihood. Furthermore, it aims to bring all victims to a state where they have the skills, and mental fortitude to start their lives anew.

In order to realize these objectives, ASF has developed a number of services to help survivors in their quest for social and economic rehabilitation:

ASF’s Reintegration Model:

Rehabilitation Support Efforts
- Access to government funds
- Job seeking and placement
- Vocational training
- Networks
- Emergency family assistance
- Education support
- Grants to develop IGA

Rehabilitation Results
- Leadership training
- Survivors’ Forum
- Social skills training
- Life skills training

Rehabilitation and reintegration of acid survivors is made difficult by socio economic vulnerability of the survivors, socio cultural barriers and prevailing impunity because of a weak judicial system. As mentioned earlier, majority of survivors are women and adolescent girls belonging to poor economic background with very little or no education. In most cases, the perpetrator is the husband, in laws, or the victim’s own family making it very difficult for women who were reliant on their husband or their family for economic support to become self reliant and support themselves specially when they also have children to look after. In fear of facing stigmatization and rejection by their family and communities, many survivors feel compelled to migrate. Furthermore, in a society where a woman’s value is closely linked with marriage and child bearing it makes it very difficult for unmarried women and girl to come to terms with their disfigurement. They report feeling isolated or even avoided because of their treatment by members of society. It is also often difficult to find suitable employment for women with disfigurement in a society that is extremely image conscious. Also, survivors who are children often find it difficult to return to school because they suffer from body image concerns and as a result loss of social competence. These are challenges ASF will continue to address through its holistic model which incorporate physical, psychological, and social factors that affect a survivor’s rehabilitation and reintegration into society.

¹ “Combating Acid Violence in Bangladesh, India, and Cambodia.” Avon Global Center for Women at Cornell Law School, 2011.
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From 2011 to 2012, ASF managed to increase its level of support in each of the main categories. Though the incidence of acid violence has decreased, the amount of outreach and support given to survivors has increased; ASF has identified the most critical needs of survivors in their rehabilitation and reintegration phase and has sought to meet them with more relevant and robust support:

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Number of Survivors served in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Support</td>
<td>91 students</td>
</tr>
<tr>
<td>• Funds for partial educational support are available in some cases for survivors who seek to further their studies at the primary or secondary level and college</td>
<td>91 students</td>
</tr>
<tr>
<td>Family Assistance</td>
<td>16 survivors</td>
</tr>
<tr>
<td>• At-risk families of survivors are given financial assistance to help ease the burden of cost for medical treatment and lost opportunity costs incurred by the acid attack</td>
<td>16 survivors</td>
</tr>
<tr>
<td>IGA Grant</td>
<td>158 survivors</td>
</tr>
<tr>
<td>• Income Generating Activity grants are offered to survivors who need capital to start small businesses or elect to learn a new trade or craft to earn income and become financially self-sufficient</td>
<td>158 survivors</td>
</tr>
<tr>
<td>Job Placement</td>
<td>31 survivors</td>
</tr>
<tr>
<td>• ASF offers job counselling and placement for survivors who are fit to work</td>
<td>31 survivors</td>
</tr>
<tr>
<td>Skill Development Training</td>
<td>47 survivors</td>
</tr>
<tr>
<td>• Skills trainings are organized and subsidized by ASF depending on individual need</td>
<td>47 survivors</td>
</tr>
<tr>
<td>Financial Aid from DACC</td>
<td>102 survivors</td>
</tr>
<tr>
<td>Loan from Department of Social Services</td>
<td>66 survivors</td>
</tr>
<tr>
<td>Support through CSR/Individual</td>
<td>22 survivors</td>
</tr>
</tbody>
</table>

Global Theory of Change to Combat Acid Violence Worldwide

In 2012, ASF participated in a regional workshop conducted by ASTI (Acid Survivors’ Trust International) in which ASFs from Pakistan, Nepal, Uganda, Cambodia and ASF Bangladesh convened in Kathmandu, Nepal for the first time to share knowledge and best practices and to discuss regional strategies and tactics for raising awareness and advocacy at national and international level, and to develop a framework for future cooperation and collaboration.

Developing a Theory of Change:

The workshop developed a Theory of Change (ToC) that explains the changes that ASTI and its partner organizations seek to bring about and the pathways that lead to those changes. It consists of a graphic representation of the change process they believe is required to bring about their desired long-term goal of eradicating acid violence and allowing survivors to live with dignity, free from stigma.

Progress against these dimensions will be assessed through monitoring, evaluation and impact assessments.
5 Key Takeaways that emerged from the workshop:

1) Ranking the needs of survivors is difficult because needs vary by individual, different cultural contexts and the different stages of their ‘journey’. Experiences and needs of individual survivors were brought to life by vivid accounts by different regional participants.

2) Principal needs have been identified for all survivors, including— good health, justice, an adequate standard of living, an accepted part of family/community (able to live free from stigma), safety and awareness of their rights and influence or contribution to change e.g. preventing further acid and burn attacks.

3) In order to secure these rights, change is needed in several corresponding areas: medical (physical and psychological); legal (legal aid and shelter/protection from perpetrators); rehabilitation and reintegration (support to become economically independent, to get an education, to be accepted by family and community); ‘voice’ (to be aware of their rights and be able to claim them and speak out on the issue of acid and burn violence); and prevention of further acid attacks. Of these different changes, the need for medical support is seen as the greatest area of immediate need for survivors in every context, because their injuries are often life-threatening.

4) Family support and ‘reintegration’ into community and family life are complicated by the fact that perpetrators are often known to the survivor and may even be a family member. What perpetrators think is right for them and what the organization thinks is in the survivors best interests are not necessarily the same thing, but there was agreement that the survivor’s views and wishes should take precedence.

5) Corporations should play a greater role in safeguarding the rights of survivors. In Bangladesh, participants have lobbied the manufacturing industry to tighten the regulations around transport and availability of acid, but they should be encouraged to become more engaged in providing assistance to survivors as part of their corporate social responsibility and offering employment opportunities to survivors, for example, many of whom live with disabilities.
Rehabilitation and reintegration of acid survivors is made difficult by socio economic vulnerabilities of the survivors, socio cultural barriers and prevailing impunity because of a weak judicial system. As mentioned earlier, majority of survivors are women and adolescent girls belonging to poor economic background with very little or no education. In most cases, the perpetrator is the husband, in laws, or the victim’s own family making it very difficult for women who were reliant on their husband or their family for economic support to become self reliant and support themselves specially when they also have children to look after. In fear of facing stigmatization and rejection by their family and communities, many survivors feel compelled to migrate. Furthermore, in a society where a woman’s value is closely linked with marriage and child bearing it makes it very difficult for unmarried women and girl to come to terms with their disfigurement. They report feeling isolated or even avoided because of their treatment by members of society. It is also often difficult to find suitable employment for women with disfigurement in a society that is extremely image conscious. Also, survivors who are children often find it difficult to return to school because they suffer from body image concerns and as a result loss of social competence. These are challenges ASF will continue to address through its holistic model which incorporate physical, psychological, and social factors that affect a survivor’s rehabilitation and reintegration into society.

From 2011 to 2012, ASF managed to increase its level of support in each of the main categories. Though the incidence of acid violence has decreased, the amount of outreach and support given to survivors has increased; ASF has identified the most critical needs of survivors in their rehabilitation and reintegration phase and has sought to meet them with more relevant and robust support:

**Research, Advocacy and Prevention**

Historically, Bangladesh has had the highest reported incidence of acid violence in the world. In Bangladesh acid violence is a consequence and symptom of a gender unequal society in which women who are seen to transgress patriarchal norms and standards are punished with heinous violence. In order to eradicate acid violence, the root causes must be dealt with—inequality and discrimination against women.

Since its inception, ASF has taken measures to combat these skewed gender norms and discrimination by creating widespread prevention campaigns and by establishing robust advocacy and lobbying bodies that engage local communities and survivors in the fight to spread awareness of acid violence as a major human rights violation, and to disseminate knowledge on survivor rights and legal recourse.

These efforts have led to a significant reduction of acid attacks. ASF runs local and national prevention campaign using radio, television, and the press to bring the issue to public attention. ASF also runs community awareness raising campaigns to educate the public about what to do in the case of acid attack, and for community members and survivors to take an active role in lobbying the government and public officials to implement laws and take action to end acid violence. ASF has also organized campaigns targeting students and media in order to mobilize them to take action to promote zero tolerance and start a movement to fight for the rights of victims of acid violence.

**ASF’s Prevention Strategy**

**Prevention of acid attacks**

- Mass awareness raising campaigns to stop acid violence

**Prevention of injury**

- Mass awareness raising campaigns to promote ‘use of water’ to prevent deep burn wounds
Engaging youth to stop acid violence

ASF believes in activating youth to stop acid violence and promote gender equality and social responsibility. In 2012, ASF hosted events at various school and college campuses to motivate students to take an active role in advocating for the prevention of acid violence in their local communities and to raise awareness of the enabling social mechanisms of acid violence. Multimedia presentations are given alongside viewings of docudramas, after which interactive discussions are moderated between students and ASF staff. The campaigns are also aimed at sensitizing the youth on the social rehabilitation needs of victims and to encourage students to be attentive to survivors’ needs reintegrating into their schools and communities. Students are also provided with information on where to go for help and the immediate steps that should be taken if an incident of acid violence occurs. In 2012, ASF conducted 26 school campaigns with the participation of 4,278 students and teachers.

Engaging rural communities to stop acid violence

In Bangladesh the local market known as hat bazaar is a common meeting place for farmers, producers, and consumers but it also serves the vital role of being an information centre for local communities. In 2012, ASF conducted various awareness raising campaigns in hat bazaars. ASF uses popular theatre which has proven to be an innovative communication tool for disseminating information to communities through entertainment. The method is interactive as it involves the participation of the audience to answer questions and reinforce the social messages being portrayed in the play. Awareness raising materials including posters, leaflets, and brochures are disseminated at these campaigns. In 2012, ASF conducted 26 bazaar campaigns with 8,480 participants.
Rehabilitation and reintegration of acid survivors is made difficult by socio-economic vulnerability of the survivors, socio-cultural barriers and prevailing impunity because of a weak judicial system. As mentioned earlier, majority of survivors are women and adolescent girls belonging to poor economic background with very little or no education. In most cases, the perpetrator is the husband, in-laws, or the victim's own family making it very difficult for women who were reliant on their husband or their family for economic support to become self-reliant and support themselves specially when they also have children to look after. In fear of facing stigmatization and rejection by their family and communities, many survivors feel compelled to migrate. Furthermore, in a society where a woman's value is closely linked with marriage and child bearing it makes it very difficult for unmarried women and girls to come to terms with their disfigurement. They report feeling isolated or even avoided because of their treatment by members of society. It is also often difficult to find suitable employment for women with disfigurement in a society that is extremely image conscious. Also, survivors who are children often find it difficult to return to school because they suffer from body image concerns and as a result loss of social competence. These are challenges ASF will continue to address through its holistic model which incorporate physical, psychological, and social factors that affect a survivor's rehabilitation and reintegration into society.

From 2011 to 2012, ASF managed to increase its level of support in each of the main categories. Though the incidence of acid violence has decreased, the amount of outreach and support given to survivors has increased; ASF has identified the most critical needs of survivors in their rehabilitation and reintegration phase and has sought to meet them with more relevant and robust support:
Survivors' Groups

Nila is speaking at a survivors’ group meeting. There are 21 survivors’ groups which are functioning as a platform for a collective voice to demand justice, protect rights, and act as advocates for social change for prevention and better inclusion.
Rehabilitation and reintegration of acid survivors is made difficult by socio economic vulnerability of the survivors, socio cultural barriers and prevailing impunity because of a weak judicial system. As mentioned earlier, majority of survivors are women and adolescent girls belonging to poor economic background with very little or no education. In most cases, the perpetrator is the husband, in laws, or the victim's own family making it very difficult for women who were reliant on their husband or their family for economic support to become self reliant and support themselves specially when they also have children to look after. In fear of facing stigmatization and rejection by their family and communities, many survivors feel compelled to migrate. Furthermore, in a society where a woman's value is closely linked with marriage and child bearing it makes it very difficult for unmarried women and girl to come to terms with their disfigurement. They report feeling isolated or even avoided because of their treatment by members of society. It is also often difficult to find suitable employment for women with disfigurement in a society that is extremely image conscious. Also, survivors who are children often find it difficult to return to school because they suffer from body image concerns and as a result loss of social competence. These are challenges ASF will continue to address through its holistic model which incorporate physical, psychological, and social factors that affect a survivor's rehabilitation and reintegration into society.

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Observing International Women's Day

ASF along with Prothom Alo organized a human chain near Central Shaheed Minar in Dhaka City on International Women's Day, March 8, 2012. Acid survivors and children joined famous personalities, journalists, and officials to protest acid violence in Bangladesh.

“It is important that the government enforces the law to deal with [the] acid cases with [an] iron hand, without any culture of impunity,” stated columnist Syed Abul Moksud, referring to the laws passed in 2002 making acid throwing a crime punishable by death, but which have been under-enforced. Oftentimes, acid victims are afraid to call out their perpetrators for fear of further retaliation against them and their families. Due to underreporting in addition to corruption and bribery, many perpetrators never see the full extent of their sentence acted upon them. According to ASF Chairman Dr Iftekharuzzaman, out of the 32 people who have been sentenced to capital punishment due to acid-related crimes, none have been executed to date; ASF's Executive Director Monira Rahman added that almost 90% of the accused escape punishment by capitalizing on weaknesses in the justice system and corruption at the police level. Despite the lapses in execution of punitive justice, ASF’s main mission is to prevent acid violence occurrences throughout Bangladesh. Prothom Alo Joint Editor Adbul Qaiyum stated that the campaign launched by ASF and Prothom Alo reached even Bangladesh's most remote villages—“As a result, the incidence of acid violence [has] declined significantly [in the past few years]”. This event invited the general public to stand in solidarity with ASF and acid survivors against gender-based violence everywhere.
Advocating for the Rights and Needs of Acid Survivors

ASF advocacy strategy seeks to educate survivors, and civil society at large, about their rights to legal recourse and representation, as well as fair and adequate legislation. ASF has organized a number of community events in order to raise awareness of acid violence as a social phenomenon deserving of society and government’s attention and redress. ASF applies a three-tiered approach to advocating for the rights and need of acid survivors.

ASF Advocacy Strategy

Community level advocacy

ASF has focused on advocacy at the grassroots level through a series of awareness-raising campaigns and meetings. ASF creates a forum for survivors to share each other’s stories and tactics for overcoming legal and social barriers, and to express solidarity. ASF also conducts community meetings involving community elites including UP members, chairman, teachers and other professionals to motivate communities to take an active role in ensuring that survivors are able to reintegrate back into society. ASF has also developed survivors to act as change agents to advocate for rights of acid survivors. Change agents hold informal meeting advocacy and lobby meetings with members of union parishad, local DSS officials, local MOWCA officials, local police and Deputy Commissioner’s office. In 2012 ASF conducted 56 community meetings, and 38 advocacy and lobby meetings.
District level advocacy

ASF has focused on advocacy at the district level by mobilizing local government, NGOs, media, and other agencies to support survivors in their bid for access to the public services that they need and are legally entitled to. Currently, the level of government support given to victims of acid violence, legally and financially, has not been provided to their intended targets. ASF maintains the necessary advocacy and lobbying groups to facilitate a dialogue between survivors and government officials concerning their grievances and proposals for aid.

In 2012, ASF partnered with NGOs to dialogue with relevant government agencies in ten districts which included Satkhira, Gaibandha, Jamalpur, Comilla, Mymensingh, Netrokona, Khulna, Bhola, Sirajgonj and Bogra. In these events all survivors of the districts were assembled to raise their voice to demand justice and protect their rights. A group of acid survivors have had direct dialogue with DACC and raised concern about their sufferings to attain justice and social and economic rehabilitation services from the government agencies. Survivors' direct engagement in those meetings has resulted in increased funds release from the NACC to DACC and from DACC to the actual acid survivors.

National level advocacy

ASF’s advocacy strategy at the national level focuses on influencing policy and decision makers to advocate for policy reform and effective implementation and enforcement of policies.

1. Advocacy with Department of Social Services

In 2012 ASF and Department of Social Welfare jointly organized a round-table discussion meeting. The meeting was attended by the department’s officials of 64 districts, around 100 acid survivors and ASF officials. Honorable minister Mr. Enamul Haque Mostafa, Ministry of Social Welfare graced the meeting as chief guest. Ranjit Kumar Bishwas, NDC, Secretary, Ministry of Social Welfare; ASF chairperson Dr. Iftekharuzzaman; Director (Project) of Social Welfare Department Moazzem Hossain; Mark Bailey, regional Coordinator, South Asia, Australian Aid; Shahin Anam, Executive Director, Manusher jonno Foundation; Naved Chowdhury, social Development Adviser, UK Aid; Zakia K Hassan, Member of ASF Trustee Board and Monira Rahman, Executive Director, ASF were present in the meeting as special guest. The program was chaired by Nasima Begum, NDC, DG of Department of Social Services.

The workshop created an opportunity for acid survivors to engage in a dialogue with policy makers. The survivors expressed their grievance about the financial burden of burn medical treatment. Survivor’s feel that the allocation under Department of Social Services for treatment which amounts to five to ten thousand taka is not sufficient for the long term medical
treatment that is required for acid burns. The survivor’s also requested for a financial grant instead of loan.

Survivors also expressed that they often face difficulties in accessing services from the Department of Social Services because they are asked to prove that they have a functional disability. The DG of the Department of Social Services informed deputy directors of all 64 districts that an acid victim is entitled to the same assistance and facilities provisioned for people with disabilities. The DG also asked to introduce treatment facilities for acid victims in community health clinics and in the under construction service centers for people with disabilities in all 64 districts. She also expressed interest in a public private partnership between ASF and DSS to run a shelter home for victims of acid violence. ASF has submitted a proposal for the shelter home to the Ministry of Social Welfare and hopes to receive space for the shelter home in the near future.

2. Advocacy with National Acid Control Council

ASF is an active member of the National Acid Control Council which was established under the Acid Control Act 2002 with the Minister of Home Affairs as its Chairperson and members include the Minister of Women and Children Affairs, secretaries from the Ministries of Commerce, Industry, Home Affairs, Health, Women and Children Affairs, members of civil society and professional associations representing acid-using industries such as the garment and jeweler industry. The NACC meetings provide ASF with the platform to advocate for policy changes and raise concerns regarding effective implementation of the policies. In 2012 ASF advocated for increased awareness raising initiatives to raise public awareness on the dangers of acid and the legal consequences of misusing acid. As a result the NACC passed a decision to broadcast ASF developed awareness raising videos on BTV and other private channels T.V channels and Bangladesh Betar free of charge. NACC also passed a decision to disseminate ASF developed awareness raising materials including posters, leaflets, etc to be displayed at government offices. The NACC instructed Ministry of Information to display awareness raising messages on billboards.

International Advocacy

ASF’s Executive Director Monira Rahman and ASF’s Treasurer and Survivor representative Fozilatun Nessa participated in an NGO parallel event panel discussion on “Acid Attacks-Violence against Rural Women and Girls” at the 56th meeting of the UN Commission on the Status of Women. The testimony and input provided by ASF demonstrates the effectiveness of the bio-psycho-social model deployed at ASF and provides an exemplary model for other organizations to adapt to their needs.
Important Visits

**Bangladesh Education Minister Nurul Islam Nahid visits ASF**

Bangladesh Education Minister Nurul Islam Nahid visited ASF and was given a tour of the organisation’s premises and ASF hospital, and to meet acid victim Masuda Akhter Moni, 15. Moni had recently undergone treatment for severe burns to her eyes, face, and neck. The Minister spoke with Moni and her mother and learned about the incident and the future of her treatment, rehabilitation, and education. The minister also spoke with hospital authorities to ensure attentive care for Moni.

**Bangladesh Health Secretary Md. Humayun Kabir visits ASF**

Bangladesh Health Secretary, Md. Humayun Kabir visited ASF; he was given a tour of ASF hospital and a tailoring and pressure garment project that is run by survivors as part of ASF’s Income Generating Projects.

**Sex Discrimination Commissioner of the Australian Human Rights Commission, Ms. Elizabeth Broderick visits ASF**

AusAID held a launching ceremony to pledge their assistance to ASF to assist acid survivors with physical reconstruction, rehabilitation, and legal assistance. Ms. Broderick along with the Australian High Commissioner Justin Lee, and AusAID Bangladesh First Secretary Ms. Rachel Payne were given a tour of the ASF hospital and ASF’s tailoring, pressure garments, and catering projects.

**Visit to mark the International Day for the Elimination of Violence against Women**

Acting British High Commissioner Nick Low and DFID Country Representative Sarah Cooke along with the Ambassador of Netherlands Mr. Gerben De Jong, and representatives from Swiss Cooperation visited ASF on 25th November, 2012 to mark the International Day for the Elimination of Violence against Women. The guests were acquainted with survivors of acid violence who have received support from ASF and were informed about their incidents and their pre and post-attack situations.
The Canadian High Commission held the 1st Annual Rickshaw Relay Challenge & Silent Auction in support of ASF on 7th Dec 2012. The High Commission partnered with ASF to raise funds for victims of acid violence.
Auditors’ report to the Board of Trustees of Acid Survivors Foundation

We have audited the accompanying consolidated financial statements of Acid Survivors Foundation ("the Foundation"), namely, consolidated statement of financial position (balance sheet) as at 31 December 2012 and the related consolidated statement of comprehensive income (profit and loss statement), consolidated statement of cash flows and notes thereto for the year then ended.

Respective responsibilities of management and auditors

Management of the Foundation is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Bangladesh Accounting Standards/Bangladesh Financial Reporting Standards. Our responsibility is to express an independent opinion on these consolidated financial statements based on our audit.

Basis of our audit opinion

We conducted our audit in accordance with Bangladesh Standards on Auditing. Those standards require that we plan and perform the audit to obtain a reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of financial statements. We believe that our audit provides a reasonable basis for our opinion.

Opinion

In our opinion, the consolidated financial statements, prepared in accordance with Bangladesh Accounting Standards/ Bangladesh Financial Reporting Standards, give a true and fair view of the state of the Foundation's affairs as at 31 December 2012 and the results of its operations and its cash flows for the year then ended and comply with the requirements of Foreign Donations (Voluntary Activities) Regulation Ordinance and Rules 1978 and other applicable laws and regulations.

We also report that

(a) we have obtained all the information and explanations, which to the best of our knowledge and belief were necessary for the purposes of our audit, and made due verification thereof;
(b) in our opinion, proper books of account as required by law were kept by the Foundation so far as it appeared from our examination of those books; and
(c) the said financial statements dealt with by this report are in agreement with the books of account maintained by undertone and examined by us.

S. F. AIMED & CO
Chartered Accountants

House 25, Road 13A, Block D
Banani, Dhaka 1213, Bangladesh
Dated, 23 June 2013
Acid Survivors Foundation

Consolidated Statement of Financial Position
(Balance Sheet) at 31 December 2012

<table>
<thead>
<tr>
<th>Notes</th>
<th>Assets</th>
<th>Amounts in Taka</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>At 31 Dec 2013</td>
</tr>
<tr>
<td></td>
<td>Non-current assets</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Property, plant and equipment</td>
<td>6,483,809</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Inventories</td>
<td>482,433</td>
</tr>
<tr>
<td>5</td>
<td>Investments</td>
<td>84,546,682</td>
</tr>
<tr>
<td>6</td>
<td>Advances and deposits</td>
<td>4,879,424</td>
</tr>
<tr>
<td>7</td>
<td>Receivable</td>
<td>502,633</td>
</tr>
<tr>
<td>8</td>
<td>Cash and cash equivalents</td>
<td>47,476,300</td>
</tr>
</tbody>
</table>

| Less: Current liabilities |                                             |                 |                 |
|--------------------------|---------------------------------------------|-----------------|
| 8                        | Account payable                            | 8,457,473       | -               |
| 9                        | Provision for expenses                      | 63,250          | 76,782          |

|                                             | 8,520,723  | 91,342,390 |
|                                             | 129,366,749| 135,850,558|

<table>
<thead>
<tr>
<th>Financed by</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Endowment fund</td>
<td>16,941,459</td>
<td>16,941,459</td>
</tr>
<tr>
<td>General reserve</td>
<td>109,679,883</td>
<td>66,970,073</td>
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<tr>
<td>Income generating fund</td>
<td>9,112,612</td>
<td>9,381,624</td>
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<tr>
<td>Stipend fund</td>
<td>30,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Secured loan</td>
<td>86,604</td>
<td>86,604</td>
</tr>
</tbody>
</table>

|                                             | 135,850,558 | 93,394,760 |

See annexed notes for Acid Survivors Foundation

Signed in terms of our report of even date annexed

Treasurer

Executive Director

House 25, Road 13A, Block D
Banani,Dhaka1213,Bangladesh
Dated, 23 June 2013
Acid Survivors Foundation

Consolidated Statement of Comprehensive Income (Profit and Loss Statement) for the year ended 31 December 2013

<table>
<thead>
<tr>
<th>Income</th>
<th>Notes</th>
<th>Year ended 31 Dec 2012</th>
<th>Year ended 31 Dec 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project donations</td>
<td>13</td>
<td>89,776,909</td>
<td>45,388,541</td>
</tr>
<tr>
<td>Donations from organisations</td>
<td>14</td>
<td>1,384,576</td>
<td>10,815,775</td>
</tr>
<tr>
<td>Donations from individuals</td>
<td>15</td>
<td>791,697</td>
<td>1,685,099</td>
</tr>
<tr>
<td>Other income</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery from projects as Head Office overhead</td>
<td></td>
<td>91,953,182</td>
<td>57,889,415</td>
</tr>
<tr>
<td>Total income (A)</td>
<td></td>
<td>104,193,411</td>
<td>62,340,161</td>
</tr>
</tbody>
</table>

| Expenditure                                 |       |                        |                        |
| Administrative and general                  |       |                        |                        |
| Personnel expenses                          | 17    | 7,334,966              | 6,576,985              |
| Administrative expenses                     | 18    | 5,779,810              | 1,979,189              |
| Communication                               | 19    | 198,055                | 184,319                |
| Utilities                                   | 20    | 780,472                | 895,515                |
| Transport/logistics expenses                | 21    | 1,774,110              | 648,507                |
| Total expenditure (B)                       |       | 15,867,413             | 10,284,515             |

| Program                                     |       |                        |                        |
| Support to survivors                        |       |                        |                        |
| Medical support program                     | 22    | 19,192,056             | 16,866,813             |
| Research advocacy and prevention unit       | 23    | 9,476,383              | 7,434,295              |
| Psychosocial support unit                   | 24    | 12,997,880             | 12,375,279             |
| Legal unit                                  | 25    | 398,744                | 3,807,499              |
| Total                                        |       | 42,065,063             | 40,483,886             |

Increase organisational capacity building

| Human resources development                  | 26    | 475,132                | 4,75,974               |
| Increase organisational capacity            | 27    | 1,647,031              | 933,592                |
| Audit fees                                  |       | 121,218                | 130,970                |
| Total                                        |       | 2,243,381              | 1,540,536              |

| Others                                       |       |                        |                        |
| Depreciation                                |       | 1,338,793              | 919,305                |
| Financial charges                           |       | 23,951                 | 30,128                 |
| Total                                        |       | 1,362,744              | 949,433                |

Total expenditure (B)

| Excess of income over expenditures (C=A-B)  |       | 42,654,810             | 9,081,791              |

Other comprehensive income

| Total comprehensive income                  |       | 42,654,810             | 9,081,791              |

See annexed notes

for Acid Survivors Foundation

Treasurer

Executive Director

Signed in terms of our report of even date annexed

S. F. AHMED & CO
Chartered Accountants

House 25, Road 13A, Block D
Banani, Dhaka 1213, Bangladesh
Dated, 23 June 2013
Acid Survivors Foundation  

Consolidated Statement of Cash flows  
for the year ended 31 December 2013

<table>
<thead>
<tr>
<th></th>
<th>Year ended 31 Dec 2012</th>
<th>Year ended 31 Dec 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Flows from Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project donations</td>
<td>89,776,909</td>
<td>45,388,541</td>
</tr>
<tr>
<td>Interest received</td>
<td>58,509</td>
<td>28,386</td>
</tr>
<tr>
<td>Interest on investment</td>
<td>8,008,085</td>
<td>4,355,772</td>
</tr>
<tr>
<td>Other donation received</td>
<td>2,176,273</td>
<td>12,409,574</td>
</tr>
<tr>
<td>Income from sustainable project</td>
<td>2,504,155</td>
<td>4,082,569</td>
</tr>
<tr>
<td>Received for stipend fund</td>
<td>15,000</td>
<td>15,000</td>
</tr>
<tr>
<td>Recovery from projects as Head Office overhead</td>
<td>700,859</td>
<td>66,588</td>
</tr>
<tr>
<td>Bank charges</td>
<td>(23,951)</td>
<td>(30,128)</td>
</tr>
<tr>
<td>Support to survivors through various units</td>
<td>(44,838,230)</td>
<td>(42,959,973)</td>
</tr>
<tr>
<td>Increased organisational capacity</td>
<td>(2,199,663)</td>
<td>(1,483,286)</td>
</tr>
<tr>
<td>Advances and loan realisation</td>
<td>3,568,803</td>
<td>5,292,964</td>
</tr>
<tr>
<td>Other received</td>
<td>84,730</td>
<td>-</td>
</tr>
<tr>
<td>Paid for management and internal operation</td>
<td>(15,867,413)</td>
<td>(10,284,515)</td>
</tr>
<tr>
<td>Paid against previous year's provision</td>
<td>(57,250)</td>
<td>(131,896)</td>
</tr>
<tr>
<td><strong>Net cash from operating activities (A)</strong></td>
<td>43,906,810</td>
<td>16,749,596</td>
</tr>
</tbody>
</table>

| **Cash Flows from Investing Activities** |                        |                        |
| FDR encashment                       | 51,001,248             | 27,952,910             |
| Investment in FDR                    | (69,212,378)           | (40,308,679)           |
| Purchase of property, plant and equipment | (5,939,718)           | (1,396,324)           |
| Sale of property, plant and equipment | 3,612,538              | -                      |
| Loan refund                          | -                      | (4,226,936)           |
| **Net cash used in investing activities (B)** | (20,538,310)         | (17,979,029)           |

| **Net increase/(decrease) in cash and cash equivalents (A+B)** | 23,368,500          | (1,229,433)           |
| **Opening cash and cash equivalents** | 24,107,800          | 25,337,233             |
| **Closing cash and cash equivalents** | 47,476,300          | 24,107,800             |

for Acid Survivors Foundation

Treasurer

Executive Director

Signed in terms of our report of even date annexed

House 25, Road 13A, Block D
Banani, Dhaka 1213, Bangladesh
Dated, 23 June 2013

S.F. AHMED & CO
Chartered Accountants
Contribution to ASF: 2012

Donor Agencies

Australian Aid
UK Aid
UNICEF

Donor Organization
Inerwheel Club of Dhaka, American Int. School, Marina Apparels Ltd, Int. School Dhaka, National Acid Control Council (NACC), Students of Brac University, Project Ichcha, Aswad Composite Mills Ltd.

Individual Donor

ASF would like to thank the people who have donated their time to ASF. We have made every effort to ensure accuracy in our donor list. We apologize for any errors or omissions and would like to request any necessary changes to be brought to our attention so we can rectify our records.

ASF Partners
ASF is grateful for the support that its partners have provided over the years. Their innumerable contributions and collaborations have allowed ASF to provide essential services to its survivors—we thank them for being there at every step of the rehabilitation process, from legal support, to grassroots advocacy, to social reintegration.

- BRAC
- Aid Comilla
- Manab Mukti Sangstha (MMS)
- PAPRI
- Agrogoti Sangstha (AS)
- Shabolombi Unnayam Samity (SUS)
- Lighthouse
- Ain O Salish Kendra
- Bangladesh National Women’s Lawyer’s Association (BNWLA)
- Nari Pakkha
- Jatiyo Mahila Sangstha
- Bangladesh Manabadhikar Bastobayan Sangstha (BSEHR)
- Bangladesh Legal Aid Services And Trust (BLAST)
- Men & Boys Network
- Girls Child Advocacy Forum
## Contribution of Local and Int. Doctors & Surgeons

### Plastic Surgeons
- Prof. Dr. AJM Salek
- Prof. Dr. Shafquat H. Khundkar
- Dr. Ronald W. Hiles
- Dr. Brian Sommerlad
- Dr. Russell Corlett
- Dr. S. L. Sen
- Prof. Dr. Md. Shahidul Bari
- Prof. Dr. Md Abul Kalam
- Prof. Syed Shamsuddin Ahmed
- Prof. Dr. Md. Sazzad Khondoker
- Dr. Shareef Hasan
- Dr. Muhammad Quamruzzaman
- Dr. Md. Zakir Hossain
- Dr. Ahmad Seraji
- Dr. Craig Quarmbay
- Dr. Dean White
- Dr. Hasib Rahman
- Dr. Ashik Iqbal Faruquee
- Dr. Kishore Kumar Das
- Dr. Md. Rashidul Islam
- Dr. Mirza Md Tyebul Islam
- Dr. Imran Choudhury
- Dr. Iftekhar Ibne Mannan
- Dr. Syeda Asmema Shashi
- Dr. Farzana Ibrahim

### Anaesthesiologist
- Prof. Dr. M.Khalilur Rahman
- Dr. Raghib Manzoor
- Dr. David Pescod
- Dr. Md. Jahangir Kabir
- Dr. Rehana Khan
- Dr. Mozaffar Hossain
- Dr. Md. Shah Alam
- Dr. Hasina Begum
- Dr. M.M.A. Shukur
- Dr. Waheed Mushshed
- Dr. Shamimul Hasnain Tipu
- Dr. Mir Mohammad Rofat Chowdhury

### Ophthalmologist
- Prof. Dr. Sarwar Alam
- Dr. Faridul Hasan

### ENT Consultant
- Prof. Dr. Kamrun Hassan Tarafder
- Dr. A. Allam Chowdhury

### Child Specialist
- Dr. Muhammad Tawfique

### Medicine Specialist
- Prof. Dr. Md. Mujibur Rahman

### Psychologist
- Asst. Prof. Md. Zahir Uddin
- Ruma Khondkar

### Psychiatrist
- Prof. Syed Kamaluddin Ahmed (Late)
- Dr. Shalahuddin Qusar (Biplob)

### Thoracic Surgeon
- Dr. Palash K. Karmaker
- Dr. Shariff Asfia Rahman
- Dr. Ahmedul Kabir Chowdhury
- Dr. Mohammad Azad
- Dr. Rownak Islam
- Dr. Maruf Alam Chowdhury
- Dr. Imtiaz B. Chowdhury
- Dr. Kawser Ahmed
- Dr. Abdul Mannan
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- Dr. Tonima Sultana
- Dr. Sanjoy Biswas