01. Dr. Iftekharuzzaman
Chairperson
02. A.K Masood Ahmed
Treasurer
03. Mr. Kazi Fazlur Rahman
Founder Member
04. Ain O Salish Kendra (ASK)
Represented by Ms. Nina Goswami
05. Jatiyo Mahila Sangstha
Represented by Professor Momtaz Begum
06. Naripakkho
Represented by Advocate U.M Habibun Nessa
07. Bangladesh National Woman Lawyer’s Association
Represented by Advocate Fawzia Karim Firoze
08. Ms. Shameema Akter
Survivor Representative
09. Ms. Ferdosi Akter
Survivor Representative
10. Ms. Selina Hossain
11. Ms. Rasheda K. Choudhury
12. Dr. Sumaiya Khair
13. Ms. Zakia K Hassan
14. Prof. Dr. Md. Abul Kalam
15. Ms. Selina Ahmed
Ex-officio Member and Executive Director
**LIST OF ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ASF</td>
<td>Acid Survivors Foundation</td>
</tr>
<tr>
<td>ASK</td>
<td>Ain O Salish Kendra</td>
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<tr>
<td>BLAST</td>
<td>Bangladesh Legal Aid and Services Trust</td>
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<td>BNWLA</td>
<td>Bangladesh National Woman Lawyer’s Association</td>
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<td>BSBI</td>
<td>Bangladesh Society of Burn Injuries</td>
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<td>BSEHR</td>
<td>Bangladesh Society for the Enforcement of Human Rights</td>
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<td>BoT</td>
<td>Board of Trustees</td>
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<td>DACC</td>
<td>District Acid Control Committee</td>
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<td>DMCH</td>
<td>Dhaka Medical College Hospital</td>
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<td>DSS</td>
<td>Department of Social Services</td>
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<td>EBC</td>
<td>Essential Burn Care</td>
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<td>International Society of Burn Injuries</td>
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<td>Non Government Organization</td>
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<td>National Institute of Burn and Plastic Surgery</td>
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<td>Investigation Officer</td>
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<td>Vulnerable Group Feeding</td>
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<td>VSC</td>
<td>Victim Support Center</td>
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**Photography**

Shafiquel Alam Kiron
Sebastien Chatelier
M Hasan Al Rashid
Farzana Hossen
A K Azad
MESSAGE FROM THE CHAIRPERSON

I am honored to present this 2014 Annual report of Acid Survivors Foundation (ASF) which showcases the progress of our work and some successes over the year. ASF is the only NGO in Bangladesh working to prevent, control and eventually eliminate acid violence and protect the rights of men, women and children who have been subjected to this most cruel form of violence. ASF works with a vision of Bangladesh which is free from acid violence and where victims of this crime, especially women and children can live with dignity.

In the reporting period we continued to work hand in hand with the Government of Bangladesh at the national and local levels as well as our partner organizations to advocate for the rights of acid survivors and to strengthen the capacity of the state to prevent and control acid violence.

We have worked with survivors in their efforts to overcome their trauma and vulnerabilities and to support their full, effective, and inclusive participation in the society. Together with us many survivors are involved, individually or collectively, in raising their voices in communities to improve access to services and getting integrated with recognition and dignity. We do recognize that these are far from sufficient and we have a long way to go. It is imperative for public, private and non government sectors, especially media and community-based organizations to work in collaboration with each other to be able to sustain the positive changes that are taking place.

I would like to acknowledge the contribution, support and commitment of my colleagues in the Board of Trustees throughout the year. ASF’s journey towards realizing its goals is an excellent example of multi-stakeholder collaboration. We are grateful to the Government of Bangladesh, our donors, development partners, and the media for their generous support and partnership. I would also like to acknowledge the contribution of our Executive Director and her team for their hard work and dedication. As the pages that follow here show, most of the credit for what ASF has so far achieved goes to the courageous survivors who continue to demonstrate how their confidence and determination are changing lives towards self-reliance, equality, non-discrimination and justice. We commend them as our heroes and role models.

Dr. Iftekharuzzaman
Chairperson
2014 was the completion of 15 years journey of ASF and it was a year of transition and preparation for the future. We have critically reviewed and identified our core achievements; lessons learned and some key challenges in this long journey to fight against acid and other burn violence in Bangladesh.

We have prepared ourselves to be more organized through knowledge management, strengthened our program interventions, capacity enhancement and partnership with Government, partners, Networks, and Donors as well as the private sectors at national, regional and global level. We also emphasized more on institutionalization of our efforts for making the changes more sustainable.

I would like to pay tribute to the BoT members, our committed colleagues, beloved survivors, implementation and development partners for their generous support in addressing Acid Violence in our country. Without all of your support we would not be here today.

Many thanks to all who make our work possible and are still with us.

Selina Ahmed
Executive Director
15 Years of Fighting Acid Violence in Bangladesh
The Acid Survivors Foundation (ASF) was formed on 12 May 1999 over the growing concern of the rising trend of acid violence in Bangladesh. It was established as an independent, non-government, non-profit organization by women’s rights activists and concerned citizens of Bangladesh, with intent on raising awareness on the country’s prevalent acid attacks and providing support to the survivors.

ASF celebrated its 15th anniversary in 2014 reflecting its achievements, challenges and learning’s and paying tribute to all who have made it possible for ASF to reduce the number of acid attacks in Bangladesh. Dr. Iftekharuzzaman, Chairperson of Acid Survivors Foundation, inaugurated the event and Dr. Samanta Lal Sen, Founder Member of ASF and Chief Coordinator of all Burn Projects of Bangladesh, Advocate Salma Ali, Executive Director, Bangladesh National Women Lawyer’s Association, Mr. Selim Ahmed, former Chairman of UNICEF Staff Association, Mr. Abdul Quaiyum, Associate Editor, Prothom Alo, Mr. Asif Saleh, Senior Director, brac and Ferdosi Akter, acid survivor representative in ASF’s Board of Trustees were present as Special Guests. ASF paid honor to 27 individuals and organizations.
LIST OF HONOREES

Founding Board Members

♦ Mr. Kazi Fazlur Rahman, Former Adviser of the Caretaker President
♦ Dr. Samanta Lal Sen, Plastic Surgeon
♦ Advocate Sigma Huda, Secretary General, Bangladesh Society for the Enforcement of Human Rights (BSEHR)
♦ UNICEF Staff Association, Represented by its Former Chairman, Mr. Selim Ahmed
♦ Ain O Salish Kendra, Represented by its Secretary, Ms. Khursheed Erfan Ahmed
♦ Bangladesh National Women Lawyers’ Association (BNWLA), Represented by its Executive Director, Advocate Salma Ali
♦ Mr. Mahfuz Anam, Editor and Publisher, Daily Star
♦ Dhaka Central Rotary Club, Represented by its Former President, Mr. Showket Hossain
♦ Jatiya Mohila Sangstha, Represented by its former Chairman, the Late Ms. Ivy Rahman
♦ Naripokkho represented by its member, the Late Ms. Nasreen Huq

Individuals:

► John Morrison, Founder Executive Director, ASF
► Dr. Ronald Hiles Volunteer Plastic Surgeon
► Shafiqul Alam Kiron, Photographer
► Monira Rahman, Former Executive Director, ASF
► Ferdosi Akter, Survivor Representative in ASF Board of Trustees
► Nomita Halder, Survivor and Teacher at Baptist Mission Integrated School
► Parveen Mahmud, Former Chairperson, ASF
► Nessa Fozilatun, Survivor representative
► Bipul Hossain, Survivor Representative

Organizations:

► brac
► Prothom Alo
► Bangladesh Legal Aid and Services Trust (BLAST)
► Ain O Salish Kendra (ASK)
► Bangladesh National Woman Lawyer’s Association (BNWLA)
► Bangladesh Manobadhirak Bastobayon Sangstha
► Naripokkho
► Jatiya Mohila Sangstha
EXECUTIVE SUMMARY

2014 marked ASF’s fifteen years and ASF celebrated by acknowledging organizations and individuals who have contributed to the organization and to the cause. One of ASF’s most significant achievements has been a decrease in the number of acid attacks over the years. This has been the result of government, media, celebrities and civil society working together to bring this issue to the forefront and ensuring that there is strong legislation to address acid violence in Bangladesh. This year there were 58 incidents of acid violence affecting 78 men, women and children. ASF’s awareness raising initiatives is focused on sustainable progress in the declining trend. In 2014 ASF continued to work with the media to broadcast public awareness messages. ASF conducted school and community based awareness raising activities reaching 24,060 students and teachers and 1,000 men and boys. ASF engaged communities, local government, and local administration through meetings, dialogues, and district level conferences to increase awareness on acid violence and the two acid related acts and mobilize community and government support for acid survivors.

ASF works in an integrated model, using a bio-psycho-social approach which aims to address the biological, psychological and social needs of survivors of acid violence. This model incorporates protective measures by providing survivors with comprehensive medical treatment which includes physiotherapy and psychotherapy along with legal, rehabilitation and reintegration support. ASF hospital treated 40 new and 31 old patients in 2014 and performed 77 types of different surgeries. In addition 246 patients have received outdoor medical services and 130 patients have been referred to different consultants and services. ASF’s psychotherapy unit provided individual, group, family, pre and post operative counseling along with art and music therapy sessions. As part of a partnership with Dhaka Medical College Hospital, ASF’s Psychotherapists and Physiotherapists provided support to burn patients in National Institute of Burn and Plastic Surgery at Dhaka Medical College Hospital. ASF along with Interburns National Institute of Burn and Plastic Surgery (NIBS) in DMCH, and Bangladesh Society of Burn Injuries (BSBI) started implementing operational standards of burn care for basic, immediate and advanced levels of service in Bangladesh.

A Large number of women and children are affected by acid violence. The complex and multidimensional nature of this form of violence makes it very difficult for survivors to fully come to terms with the personal, social and economic loss and return to a normal
Acid Survivors Foundation

ASF aims to provide support by creating opportunities for survivors, especially women and children, to access their rights, continue their education, and establish sustainable livelihoods. In 2014 ASF assisted survivors to access DACC fund, khas land and other safety net support from the government, and loan from the Department of Social Services. ASF directly provided family assistance and education support to survivors. ASF also supports survivor’s reintegration into their families and society by working with their families, communities, local government, and civil society. In 2014 ASF organized a number of community meetings to mobilize local leaders and community members to help create a safe and supportive environment for survivors.

Acid violence has long term physical and psychological consequences and there is little or no provision of mental health support at the community level in Bangladesh. Over the years ASF has established an informal support system for survivors in six selected districts. Survivors are able to access peer counseling and emotional support through door to door visits, monthly group meetings and community clinics. These forums create a space for survivors to share their stories and support each other in the recovery process.

Acid violence is a criminal offense however a culture of impunity and weak rule of law allows most of the perpetrators to go unpunished. In 2014 ASF activated its Legal Advisory Group consisting of seven legal aid providers. ASF with the support of legal aid partners continue to advocate for survivor’s prompt access to justice and seek action from law enforcing agencies to ensure that acts of acid violence are adequately prevented, investigated, punished and redressed.

Over the last fifteen years ASF has emerged as the only specialized NGO in Bangladesh working to prevent acid violence and support survivors to recover from the trauma. The organization sees learning as an ongoing social process and continues to work towards improving knowledge management and quality through new and innovative ideas and interventions. In 2014 ASF along with Prothom Alo organized a roundtable on the concept of skin donation and establishing a skin bank which can significantly increase the success of burn treatment in Bangladesh. ASF also started a dialogue on “Setting Standards for Psychosocial and Mental Health Service Provision for Victims of Acid and Burn Violence” by organizing an international conference involving experts from UK, representatives from ASF’s partner countries, and local experts. In the coming years ASF will continue to explore ways to innovate, learn from others and incorporate best practice to better serve the needs of acid and other burn survivors and eliminate this form of violence in Bangladesh.
Since its inception, ASF has been working to reduce and eventually eliminate acid violence in Bangladesh through extensive awareness raising campaigns. Though acid violence in this country was more widespread than any other place in the world, ASF’s records show that the prevention initiatives have resulted in a steady decline in the number of acid attacks in recent years. This decrease in numbers has continued in the year 2014.

The above chart shows that between the years, 1999 - 2014, a total of 3,586 people have been attacked with acid in 3,243 different incidents. This trend of acid violence has been declining since 2003 at an average rate of 15% per year over the last 12 years. In the year 2014, ASF recorded a total of 74 people who have been attacked in 59 incidents.

Gender Segregation of Victims of Acid Violence (2014)
The pie chart shows that an overwhelming number of victims are women and girls making up more than half the victims since 1999. In 2014, 49 (66.2%) of total victims were women and children.

Segregation By Age Group (2014)

From the following graph it can be seen that in 2014 most of the victims, 42 (56.75%) fall into the 19 to 35 age group among which 31 (41.89%) are women and 11 (14.86%) are men.

Reasons for Acid Attacks (2014)

- Marital dispute 9%
- Family related dispute 4%
- Dowry 7%
- Refusal/rejection of love/marriage/sex 9%
- Not known 14%
- Others 8%
- Land/property/money dispute 49%
Over the last few years the majority of acid attacks has occurred for land, property or money related disputes and this trend continued in 2014. Other significant causes that have been identified include marital and family disputes, dowry related violence and refusal of marriage/love proposals and sexual advances.

The above pie chart shows that in 42% of the reported cases in 2014 the perpetrator was the survivors neighbour. The chart also illustrates that in 22% of the cases the perpetrator were either husband or inlaws, 11% were local influential/miscreant/youth/etc, 4% were the relative of victim’s own family, 12% were in the category of others including ex-husband, lover, ex-daughter/sister’s husband etc. The remaining 9% are unidentified. This is due to the fact that on many occasions perpetrators choose to attack at night when the survivors cannot identify them.
Acid Survivors Foundation aims to provide survivors with essential burn care services to enable survivors to cope with the physical and psychological impact. The Bio Psychosocial approach incorporates physical, psychological and social care for the survivors and it starts from the moment ASF is notified of an attack. ASF in collaboration with brac developed a nation-wide notification and referral system. ASF operates a 24 hour hotline for reporting attacks and once an attack is reported ASF takes measures to ensure that survivors have access to treatment and legal representation. Once a survivor is brought to ASF hospital a multi disciplinary team including Nurses, Doctors, Plastic and Reconstructive Surgeons, Physiotherapists, Nutritionists, Psychologists and Social Workers ensure the best possible care for the survivor.

ASF has been working to reduce the incidents of acid attacks since its initiation and over the course of time ASF has broadened its horizon by providing treatment to women and children who have been subjected to other forms of burn violence. 71 patients including 40 new and 31 old were given treatment in 2014 in the hospital. 34 out of the 40 new patients were acid burn survivors and 6 were other burn survivors. ASF’s medical unit maintains a 24 hour hotline where survivors are able to directly speak to doctors regarding any health related concerns and in many cases survivors are asked to come in for further investigation and follow up. ASF also provided outdoor treatment facilities and referred patients to different consultants. The most common needs of the patients include eye, ENT, medicine related and nutritional support and survivors are referred to other service providers according to their needs. 246 patients have received a total of 460 outdoor medical services and 130 patients were referred 233 times to different consultants and services in 2014.

Operative Procedures

Total 46 old and new patients have been provided a total of 77 surgeries in 2014 and it means almost every patient needed more than one surgery. Burn patients need prolonged care and repeated treatment. The patients received multiple surgical interventions to improve their functional capacity to reduce their physical complications.

Surgical Procedures

- Surgical debridement
- Skin harvesting
- Split Thickness Skin Graft
- Full thickness skin graft
- Flap
- Use of Tissue expander to release contracture
- Release of contracture by Z-plasty
- Primary closure
- Secondary closure

Challenges

ASF has no ICU facility and therefore it is unable to admit any patient with 30% burn or more. These patients are referred to Dhaka Medical College Hospital where ASF continues to follow up with the patients to ensure that their needs are met.

Burn treatment is highly specialized and expensive due to long hospital stays, multiple operations and expensive equipment requirements.

Government treatment facilities for burn care are still limited to the Medical College Hospitals; however, not all of the Medical Colleges have adequate skilled human resources to treat burn patients.
Burn is a traumatizing event and it leaves a long lasting effect on the victim and his or her family. Patients often feel low and frustrated with the pain, long treatment, facial deformity, physical disabilities and social pressure from family and the community.

Psychological treatment starts from the moment the patient is admitted to ASF hospital. ASF’s trained Psychotherapists assess the patient’s distress and anxiety status and a treatment plan is designed based on this pre-assessment. Peer counselors who are survivors themselves, also work with the patients. ASF arranges individual and group counseling and therapy, family counseling and pre and post operative counseling. The survivor also receives music and art therapy sessions to help in the healing of their pain. Social skill training is provided to restore confidence and self esteem and acquire skills that help in reintegration process.

ASF also provides support to burn patients of National Institute of Burn and Plastic Surgery (NIBPS) in Dhaka Medical College Hospital (DMCH) and violence victims at Victim support centre (VSC).

<table>
<thead>
<tr>
<th>Sl</th>
<th>Activities</th>
<th>No. of Sessions</th>
<th>No. of services</th>
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<tr>
<td>01</td>
<td>Individual psychotherapy</td>
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<td>02</td>
<td>Individual counseling</td>
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<td>03</td>
<td>Group Counseling</td>
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<td>Pre operative counseling</td>
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<td>08</td>
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<tr>
<td>12</td>
<td>Support to VSC</td>
<td>116</td>
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</table>

Challenges

Survivors have to cope with the violent act and the consecutive pain and discomfort of the burn injuries. There is a little or no provision of mental health support in public institutions for a survivor when they return to their community.

Survivors of acid violence attacked by the husbands or family members often find it very difficult to cope with the betrayal of trust and in some cases they get very little support from their families.

Most of the survivors have been subjected to other forms of violence and therefore have a history of violence and it is often very difficult for survivors to come to terms with their traumatic past.
Peers are an important component of psychosocial care for survivors trying to recover from this complex trauma. Experience of similar circumstances enables a survivor to easily connect with the peer and enables the peer counselor to understand the immediate and long-term needs of the survivor.

ASF introduced this peer support approach to help survivors cope with the transient period of their psychological trauma. Overcoming the physical and psychological pain for a survivor is a very sensitive process which requires the involvement of professionals. However, a Peer Counselor having gone through similar experiences play a very important role to help the survivors to heal. Taking these two opposite concerns into account, ASF Psychotherapists provide technical support to the peer counselors to deal with the difficulties associated with facilitating the healing process. A peer counselor engages with a survivor as soon as a survivor is admitted to ASF hospital. The counselor gradually gets closer with the survivor to know what support is needed for that particular case. Having gone through a similar experience a peer counselor is able to build a strong relationship and connection with the survivors. The duties of a peer include regularly being updated about the feeling and emotional situation of the survivor, to help survivors remember the beautiful moments of his/her life, to chat or play fun games, and help survivors to express his/her state of mind. Peers are also involved in giving time to survivors who come as outdoor patients and engage admitted survivors in outdoor recreational activities. Peer counselors support Psychotherapists to conduct different relaxation sessions, social skill trainings, art therapy and music therapy.

ASF has one Peer Counselor and several survivors who are employed as Medical Attendants and Case Managers. The Peer Counselor and other survivor employees provide peer support to survivors who are admitted in ASF hospital. At the community level ASF has twelve survivor ambassadors who are providing peer support to acid survivors in six districts. They are now actively engaged in awareness raising and rights claiming activities in their own communities. They also assist the survivors in need by providing support through home visits.

Peer counseling is essential for acid survivors when they leave the hospital and return to their communities. Stigma or social rejection is a common factor for survivors with disfigurement. They often face difficulties in their family, school, work and community life. There are acid survivors all over the country and there is limited provision of psychological support at the community level. With the support of partner organizations ASF has been able to develop a community based support system in six districts with the highest number of survivors. However, it is essential for the government and other stakeholders to work together to improve the provision of mental health support for survivors of acid and other forms of violence in the district and community level.
After any surgery a patient needs extensive physiotherapy to regain their functionality, especially in case of neck and upper and lower limbs. Physiotherapy comprises of different active and passive exercises and maneuvers to regain the strength of the particular muscles and limbs and their normal functionalities. Skilled and trained physiotherapists in burn care conduct the physiotherapy at ASF to provide the maximum level of care to the patients. They diligently work with the patients on passive exercises and teach and encourage them to continue with active exercises even when they go back home. In some cases ultrasound and infrared radiation are needed. Physiotherapy usually starts after the patient recovers from the surgical procedure and needs to start physical activities.

In most cases burn patients do not regain full functionality of their affected limbs. Physiotherapy helps to achieve the maximum mobility of the affected limbs and to regain normalcy or functional capacity as much as possible. It is also an essential component of treatment regimen to prevent contracture, reduce scars and to maintain motion range of the joints. Total 77 indoor patients including 33 old have received Physiotherapy in 2014.

### Challenges

It is difficult for survivors specially women and children to access physiotherapy services in rural areas.

There is a general lack of awareness on the use and benefits of physiotherapy among vulnerable groups in rural Bangladesh.

<table>
<thead>
<tr>
<th>Admitted</th>
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<th>New</th>
<th>New</th>
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<th>Female child</th>
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<th>Male child</th>
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<td>51</td>
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CAPACITY DEVELOPMENT AND KNOWLEDGE SHARING

Essential Burn Care Training for Health Professionals

ASF has built partnership 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. Interburns developed a unique training tool titled ‘Essential Burn Care (EBC)’ for healthcare professionals to help in mitigating the number of deaths and disabilities due to burns across the world. The course is designed specifically for low resource environments and non-specialist doctors, nurses and therapists. EBC is internationally endorsed by the Royal College of Surgeons (Edinburgh) and nationally endorsed by Bangladesh Society of Burn Injuries (BSBI).

In collaboration with Interburns, National Institute of Burn and Plastic Surgery (NIBS) in DMCH and Bangladesh Society of Burn Injuries (BSBI), ASF started implementing operational standards of burn care for basic, immediate and advanced levels of service from 2013. Four Essential burns care related trainings and workshops took place in different Medical College Hospitals and ASF in 2014. One of them was “Training for the Trainers” (TOT) and the other three were for service providers. A total of 97 participants including 40 women attended the training sessions. Different burn care service providers including Surgeons, Doctors, Nurses, and Physiotherapists participated in the day long training in three different Medical College Hospitals. 17 trainers including ASF and external Doctors, Physiotherapists and Psychologists received this TOT.
The rapidly increasing number of burn patients in Bangladesh has turned into a serious health problem. Majority of patients are from lower income group and cannot afford expensive treatments resulting in many deaths and disabilities due to the lack of timely and proper treatment. There have been improvements in burn care which have significantly reduced mortality and morbidity rates in Bangladesh. Skin Banking is process in which skin is removed from a donor body, tested for suitability as a graft material, packaged, stored, and finally reused as a graft and have many advantages in treating burn patients.

ASF organized a cross learning visit to a skin bank in India in 2013 to assess the feasibility of establishing a skin bank in Bangladesh. In 2014 ASF along with the Daily Prothom Alo jointly organized a roundtable discussion on Skin Donation and Skin Bank after the visit. ASF consultant Dr. Shareef Hasan presented the keynote paper on different technical issues related to establishing a skin bank. Participants of the roundtable included Dr Samanta Lal Sen Chief Coordinator of all Burn Projects of Bangladesh, Dr. Ayub Ali, Dr. Harun Ur Rashid, Director, Kidney Foundation Hospital, Professor Mehtab Khanam of Dhaka University's Department of Psychology, Nina Goswami, Deputy Director, Ain O Salish Kendro, Shamim Mohammad Afzal, Director General, Islamic Foundation, Tossaddek Hossain Siddique, Treasurer, Shandhani National Chokhudan Samity, Dr. Iftekharuzzaman, Chairperson of ASF, and Selina Ahmed, Executive Director of ASF.

The speakers discussed the advantages of skin transplants and any legal barriers in donating skin. According to the Human Organ Transplantation Act 1999 there are no legal barriers in donating skin. Skin transplants do not require tissue matching and As a result, anyone can donate skin to a burn patient. Speakers at the roundtable also spoke about how the risk of infection can be reduced if the injured areas are quickly covered with skin. Covering the body of a burn patient is the most important part of the treatment and the success of treatment can be significantly increased if a skin bank is created in Bangladesh.
Acid Survivors Foundation, in collaboration with MSPVAW, Ministry of Women and Children’s Affairs and Department of Clinical Psychology, University of Dhaka arranged an international conference titled ‘Setting Standards for Psychosocial and Mental Health Service Provision for Victims of Acid and Burn Violence’ in 2014. The goal of the conference was to develop a draft guideline for the minimum standards for psycho-social and mental health services for acid and burn survivors in Bangladesh, which can be applied in Bangladesh as well as replicated in other developing countries. The conference brought together experts on Clinical Psychology, Social Welfare professionals, Health professionals, international experts, and representatives from ASF’s partner countries (Pakistan, India, Nepal, Uganda, and Cambodia).

The conference provided an overview of psychosocial and mental healthcare structure and mechanism in Bangladesh. International experts including Richard Castle, Trustee/Director, Changing Faces and Professor Diana Harcourt, Co-Director, Center for Appearance Research shared the best practices of burn care management in developed countries.
To address the gruesome act of acid violence, the Government of Bangladesh introduced two acts in 2002: the ‘Acid-Offences Prevention Act 2002’ and the ‘Acid Control Act 2002’. A National Acid Control Council and Acid Crime Case Monitoring Cell were also established under the Ministry of Home Affairs to regularly monitor acid crime cases and ensure effective implementation of the Acts. While these initiatives have contributed to the institutionalization of action against acid violence, ineffective implementation of the laws remains to be ASF’s biggest challenge in ensuring justice for survivors of acid violence.


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<th>Acquittal</th>
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<td>2012</td>
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<td>2014</td>
<td>73</td>
<td>42</td>
<td>27</td>
<td>42</td>
<td>5</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1960</strong>*</td>
<td><strong>1166</strong></td>
<td><strong>776</strong></td>
<td><strong>1166</strong></td>
<td><strong>180</strong></td>
<td><strong>529</strong></td>
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</tbody>
</table>

*Investigation report of 3 cases completed in other sections and 1 case investigation was pending.
According to the report of Acid Crime Case Monitoring Cell of Police Headquarters, 73 new cases have been filed in 2014 and a total of 1,960 cases have been filed during 2002 to 2014. 1166 out of the total cases, meaning 59.5%, filed in the last eleven years are still under trial even though according to the Acid Offences Prevention Act 2002 cases are supposed to be completed within 90 working days. Also, among all the cases in which the court has pronounced a verdict, only 25.40% of the accused have been convicted and the rest 74.60% have been acquitted. In many cases where verdicts against the perpetrators were death sentence or life imprisonment in lower courts, the perpetrators received bail, were acquitted or got a lesser sentence from the higher courts. They eventually returned to their communities and led a normal life and even continued harassing the victims. On the other hand, the victims are left without support from law enforcement agencies and are often persuaded by their communities to undergo alternative dispute resolution with the perpetrator. These informal mechanisms leave victims at a loss and they lose faith in the formal justice system. This also sends a bleak message about the implementation of the Acid Acts in society.

Challenges

There is a strong culture of impunity and the use of power and money is often used to influence the outcome of the trial.

There is no victim and witness protection system during the period of the trial and survivors and witnesses continue to face threat and pressure from the perpetrator. As a result many witnesses either refuse to testify or turn hostile.

As the legal aid partners pursue cases for the survivors at the local level, ASF’s case managers and Advocate follow up with the Police and Public Prosecutors and correspond with local partners for better collaboration between all parties.

To speed up fair investigations and trials, ASF along with its legal aid partners also hold conferences and panels to discuss new and better methodologies and to provide status updates on the current landscape of acid offense in Bangladesh.

ASF also works with media to raise awareness on Acid related Acts and also to raise concerns related to impunity, corruption and structural and procedural barriers in justice.
In 2014 ASF activated the Legal Advisory Group for a collaborative approach that focuses on providing comprehensive legal aid support to survivors of acid violence. The Group consists of seven partner organizations dedicated to protecting and promoting human rights of poor and marginalized groups in Bangladesh. Partner organizations include Ain O Salish Kendra (ASK), brac, Naripokkho, Bangladesh National Women Lawyers’ Association (BNWLA), Jatiya Mohila Sangstha, Bangladesh Society for Enforcement of Human Rights (BSEHR), and Bangladesh Legal Aid and Services Trust (BLAST). The Legal Advisory Group meets quarterly to discuss strategies for providing legal support and strengthen advocacy initiatives.

**Referral**

ASF refers cases to the legal aid partners to provide necessary support at the local level. ASF collects and files information from the survivors and their family members during their treatment and when necessary visits survivor’s community to collect information. A file is opened for each survivor and the cases are handed over to one of the member organizations of the Legal Advisory Group for necessary assistance. ASF facilitates coordination between legal aid partners, police, public prosecutor and the survivor for effective and efficient management of the cases.

**Advocacy**

Members of the Legal Advisory Group also play important roles sensitizing law enforcing agencies, public prosecutors and the court. The group is also involved in raising awareness, mobilizing civil society, and engaging with Government Agencies to develop and review the relevant policies, laws, rules, available services and systems for effective implementation of the two acid related Acts.
THE LONG WAIT FOR JUSTICE

Cause Of Incident

Even though Rowsan Ara was married she started to face harassment from another man who through different means tried to convince her to engage in a romantic relationship. She was being continuously harassed and at one point Halim threatened to kill her sons. Rowsan Ara informed the local Chairman who failed to take any action. To try to mitigate the situation Rowsan Ara agreed to meet Halim however when she went to meet him he threatened her with arms. Fearing for her life Rowsan Ara filed a General Diary at the Police Station. On 9 November, 2010 the perpetrator showed up at Rowan Ar’s house with five other men to force her to come with him and when she refused the perpetrator threw acid on her. Halim was caught red handed by the villagers and was taken to the local Police Station.

Verdict

The Honorable Judge of Acid Offences Prevention Tribunal S M Solaiman sentenced 14 years imprisonment to 3 criminals who threw acid on Rowsan Ara Sumi in Bagerhat. The court also fined them Tk 50,000 each, and if they fail to pay the fine by default the accused will be sentenced to additional 3 years imprisonment. The criminals were absent in the court during the proceeding. On 24th August, 2014, when reading out the sentence, the Tribunal rebuked 3 police officers for their irresponsibility while investigating this case and advised them to take necessary actions. The court has instructed the Deputy Commissioner to apply Clause 10 of the Acid Prevention Act that says the convicts’ properties must be sold and the money given to the victim. At the same time tribunal ordered Bagerhat District Commissioner to auction off all the fixed and intangible asset of the accused persons and to give the money to the victim Rowsan Ara Sumi under Clause 10 of the Acid Prevention Act 2002.

The court also reprimanded three police officers for negligence and ordered a probe into their flawed investigation. Tribunal has mentioned in the judicial pronouncement that, in spite of having clear document, victim’s statement and expert opinion, the way the police officer published the final report is flawed. They submitted the final report to the court more than once for some incomprehensible reasons which needed special investigation. Those officers in question include a Police Super and two Investigation Officer of Fakirhat police station, Bagerhat.

The Tribunal ordered proper action against the officers and ordered for the copies of the verdict to be sent to the Home Secretary and the Inspector General of Police. Prosecutor Sheikh Mohammad Ali stated that when the aggrieved was denied justice due to irresponsibility of the police, then the tribunal decided to analyze the evidence. He stated that the tribunal’s verdict is quite logical and accurate. The victim, Rowshan Ara Sumi was present at the court and was satisfied with the verdict. She stated that the accused tried to deceive her from justice by influencing the police officers. But she got justice for the judicial procedure and the discretion of the judge, which sets an example of good practice for other acid related cases. She also demanded immediate arrest of the accused who are in hiding.
REHABILITATION AND REINTEGRATION

The mental health and recovery of an acid and burn survivor is strongly linked to many social factors including their economic vulnerability, insecurity, harrowing wait for justice and the reaction and acceptance from the family and society. ASF recognized that optimally, care for the survivors should cover both medical and psychosocial aspects. However, in Bangladesh the reality is that even if the medical needs are met, there is little attention given to the emotional and social needs of the survivor. Therefore, ASF focuses on the recovery of physical and functional ability as well as recuperation from personal, social and economic loss.

ASF is one of the few holistic service providers with the capacity to provide hospital based psychological support and community based psychosocial support to aid victims and their families to help them adjust to their changed situation. When a patient is about to be released from the hospital ASF prepares a plan to facilitate their re-entry and reintegration into life at home. For many survivors this means returning home to their families, but for some whose attackers are family members it means starting over a new life. Based on the specific needs of survivors ASF designs a rehabilitation plan for each survivor.

Rehabilitation Support Provided In 2014

<table>
<thead>
<tr>
<th>DIRECT SUPPORT FROM ASF</th>
<th>ADVOCACY AND NETWORKING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Assistance</td>
<td>Financial aid from District Acid Control Committee (DACC)</td>
</tr>
<tr>
<td>Women attacked by their husbands or who are sole earner in the family and who have children as their dependents are provided with an interim financial support to meet their immediate needs. ASF's provided family assistance support to 16 survivors in 2014.</td>
<td></td>
</tr>
<tr>
<td>Education Support</td>
<td>The Government of Bangladesh also provides financial support to the survivors of acid violence for their medical and rehabilitation needs. ASF has been advocating with the local government authorities and National Acid Control Council for the proper distribution of the fund. DACC fund of one lac forty five thousand taka was distributed to 9 women and 5 men. A few DC offices granted 82 thousand taka for 14 survivors in 2014.</td>
</tr>
</tbody>
</table>

| Khas Land and other Government support | Loan from Department of Social Services |
| State-owned lands (Khas Land) are normally distributed to the vulnerable and landless people by the government. ASF provides necessary support to survivors to access this khas land and other government facilities including VGF/ VGD card and disabled allowance. 11 survivors were provided with these supports in 2014. |
| Survivors are eligible to receive soft loans from the Department of Social Services to start small businesses. ASF provides support to survivors to access this loan. DSS granted loan of 1 lac taka in 2014 for 24 women and 6 Men survivors. |
COMMUNITY BASED REINTEGRATION SUPPORT PROVIDED IN 2014

Community Meetings
ASF conducts meetings to engage community elites and members to contribute in creating a safe and supportive environment to enable the survivors to reintegrate into their families and communities. A total of 1,659 women and 1,441 men survivors attended 93 community meetings in 2014.

Door to Door Visit
Survivors working as ambassadors in six selected districts visit households of other survivors in that district to provide peer support and to assess their needs. It includes legal, medical and/or psycho-social support. A total of 560 door to door visits were conducted in 2014.

Community Clinic
Community clinics are where professionals provide legal, medical and/or psycho-social support to meet the survivors’ needs identified in the door to door visits. 18 community clinics were organized in 2014 and 219 women and 65 men survivors received advice.

Telephonic Counseling
ASF Medical and Program staffs along with Program Officers and Survivor Ambassadors working in six selected districts continue to provide advice and emotional support over phone as required.

Group Meetings
There are 29 survivor groups in eight districts who meet every month and these meetings act as a forum where survivors share their struggles and problems and identify possible solutions. These groups provide a community based support system for acid survivors.

DEVELOPING SURVIVORS TO BECOME CHANGE AGENTS

After ASF was established in 1999 the organization played an instrumental role in mobilizing civil society and government to ensure the state’s obligation to prevent acid violence and protect the rights of survivors. In 2010 ASF started developing survivors at community level to act as change agents to influence the government, civil society and community to be more accountable to the rights of acid survivors. Twelve change agents have been working in six districts raising awareness on acid violence as well as advocating for survivors’ protection and rights through mobilizing government, media, civil society and community elites.

Since 2006 ASF has arranged survivors’ conferences at the national and district levels to create an opportunity for survivors to meet, share any issues and concerns and celebrate their achievements. These forums have enhanced solidarity among the survivors and empowered them to raise a collective voice for their rights. This experience has
identified the need to establish a sustainable support system for survivors at the community level. In 2012 survivors’ groups were developed to function as a platform for collective voices to demand justice, protect rights, and advocate for social change.

There are currently 29 groups in 8 districts. These groups encompass 395 survivors engaged in various local level activities including monthly group meeting and meeting with the local community for survivors’ psychosocial support. The groups are not only addressing issues pertaining to acid violence but group members are also involved in resolving other social issues. Moreover, all the groups have started a monthly savings schemes for its sustainability. Some group leaders have taken further initiatives of mediation to address violence against women, dowry related disputes and early marriage in their communities.

Achievements in 2014

In 2014, a total of 23 women survivors of acid violence have been recognized with Joyeeta Awards (a Bengali word for winning women) at the sub-district, district and divisional levels for their extraordinary achievements in different fields of development. All the survivors received this award under the category of ‘prevention of repression’. The winners of Joyeeta awards are: Bulbuli Khatun and Shahinur Akhter from Bogra, Shamima Akhter from Nogoan, Pearly Begum from Gazipur, Helena Khatun, Sharifa Khatun and Nazma Begum from Mymensing, Firoza Begum from Tangail, Rashida and Rina from Narshingdi, Monira from Gopalgonj, Nasima from Brahammanbaria, Maya Khatun from Sirajgonj, Hasina Akhter from Narayanganj, Anjumanara, Nasima, Sufia and Josna from Satkhira, Aceya and Kulsum from Jessore, Khairunessa, Salma and Bilkis from Bagerhat. Joyeeta Onneshone Bangladesh – is a government initiative. This recognition shows how survivors are able overcome challenges and become an inspiration for other survivors.

Challenges

Acid survivors are geographically scattered across the country and many survivors do not have permanent residences or migrate frequently. This makes it difficult to reach survivors to ensure proper services.

There are limited numbers of shelter homes in Bangladesh to place survivors who are unable to return to their families either because a family member is the perpetrator or because they are not willing to accept them.

The trauma associated with violence has long term effects and in most cases the survivor belong to the lower income status having little or no assets, poor health, no education and social support system. An effective rehabilitation plan must take into account the different dimensions of their vulnerabilities.
BUILDING NETWORKS FOR SURVIVORS GROUP

Developing a countrywide network of survivors is a cherished dream of Acid Survivors Foundation. The anticipation is the survivors will be united and involved in rights claiming activities, encourage social cohesion and take initiatives to be self-reliant. ASF with the support of Unicef initiated a project titled “Survivors Network for Prevention and Better Inclusion” in 2012. The project has been implemented in six districts including Sirajgonj, Bogra, Sathkhira, Narsingdi, Comilla and Netrokona. ASF started the second phase of this project in 2014 adding two new districts, Dinajpur and Mymensingh. ASF along with partner organizations and consulting with the survivors in the respective districts facilitated the process of motivating survivors to be organized into small groups. In this process 29 upazila based groups in eight districts were formed. The members of each group selected a leader and they meet every month.

Nobo Udo in Satkhira

16 survivors formed a group named Nobo Udo in August 8th 2012 in Tala Sathkhira. Nobo Udo means the new emergence. The members are Aklima Khatun(45), Khadiza Khatun(35), Rabiul Islam(30), Anjumanara(30), Nur Islam(41), Moslem Sardar(53), Sonali Khatun(12), Nazma Khatun(27), Al Mamun(18), Rezia Khatun(54), Kalpana Rani(45), Taslima Khatun(32), Saleha Begum(58), Sakhina Khatun(48) and Manwara Khatun(42). Before being a member of the group most of the survivors were unemployed or day laborers and hardship was a common scenario in their daily lives. Since joining the group the members initiated homestead gardening, tenant farming and cattle rearing.

ASF’s partner Agrogoti Sangstha in Sathkhira provided different types of training to the group members in early stages of the group development. Moslem, Anjumanara, Nur Islam and Khadija have achieved remarkable success in agriculture farming. Now they are helping other members as well as their neighbors by giving advice.

Tahmina Khatun and Aklima Katun received jobs in their locality. Aklima, Anjumanara and Moslem are engaged in activities for raising awareness on acid violence as well as dowry, child marriage, and other forms of violence against women in their own communities. They are also playing important roles in local arbitration in their communities.

Anjumanara is happily married and recently received Joyeeta Award in the category of Nirjatoner Biviska Muche Ghure Darano Nari (Prevention of Repression)

Group members nominate survivors who are eligible to receive government and other support. The group is also involved in a group saving scheme and the total savings exceeded Tk 40,000. With the savings the group members are planning to lease a pond for commercial fish farming.
ADVOCACY AND AWARENESS RAISING

Over the last fifteen years ASF has been focusing its prevention campaigns on raising awareness on acid violence and its legal and social consequences. In recent years ASF has widened its focus to build awareness on the root causes of acid violence. ASF has observed that acid throwing is used in a wide range of context from land and domestic dispute to sexual harassment. ASF’s prevention campaigns focuses on raising awareness on the multiple causes and consequences of acid attacks and the immediate steps that should be taken to minimize the detrimental effect of acid. ASF’s awareness raising initiatives target youth, families, communities, government and civil society.
STRATEGIC COMMUNICATION FOR PREVENTION

Media

The media is a powerful instrument for social change and over the years ASF has been working with the media to prioritize anti-acid violence campaigns. ASF tries to reach a wider audience at the grassroots level through different types of mass media interventions. In 2013 the Government took initiatives to disseminate promotional materials developed by ASF on private and public TV channel free of cost. As a result in 2014 many public and private TV and radio channels broadcasted messages on legal consequences of acid violence and the importance of using water on burn injuries caused by acid. ASF also arranged three talk shows, which focused on how to strengthen medical, legal and rehabilitation support for the acid survivors. The talk show helped to raise important issues for policy and decision makers.
THE SUCCESS OF “Use Water Campaign”

Post Attack Water Use (1999-2014)

The above graph shows the trend of post attack water use of survivors since 1999. Use of water to lessen the burn has been vigorously increasing since 2002, and in the year of 2014 it has reached up to 100%. This is one of the great achievements of ASF awareness campaigns titled ‘Pour Water’ to inform communities about the benefits of water use after acid attack. This awareness continues to spread the message.

As the use of water minimizes the severity of the injury and weakens the acid, it is strongly recommended that clean water is continuously poured in the affected area for at least 30 minutes immediately after any acid attack.

Percentage of Water Use by Survivors
SCHOOL BASED INITIATIVES

‘We will say no to acid violence. We are determined to stop acid violence in Bangladesh’
Sushanta Barai
Student of Class: 9

‘We will create mass awareness on acid violence’
Soma Bala
Student of Class: 9

ASF hosted events at various schools in 2014 to motivate students to take active roles to advocate for the prevention of acid violence in their communities. Multimedia presentations and docudramas are shown followed by interactive discussions which are held between students and ASF staff. The campaigns are also aimed to sensitize the youth on the social rehabilitation of victims and to encourage students to be supportive to survivors while reintegrating into schools and communities. Necessary information is also provided to the students on where to go for help and what immediate steps should be taken if an incident of acid violence occurs. 232 school campaigns were conducted in 2014 with the participation of 24,060 students and teachers.

Community Programs

ASF conducted various awareness raising campaigns in the hat bazaars in 2014. Folk media like popular theatre are used in this purpose and found to be an innovative communication tool for disseminating information to communities through entertainment. Its interactive method involves the participation of the audience to answer questions and ensure that social messages are well received by them. 3 bazaar campaigns were arranged in 2014 and around 1,000 community members participated in these campaigns.
ASF published a Photo Story Book titled “Unstoppable The Courage Within” by photographer Shafiqul Alam Kiron. The Book portrays the lives of acid survivors over a span of seventeen years and shows their struggle in a time when burn treatment was only available in a small burn ward in Dhaka Medical College Hospital. The profiles of survivors provide a personal insight in each of their lives as they experience childhood, love, friendship and motherhood. Each story provides an inspirational account of their struggle, strength and courage that have enabled them to embrace life.

“This book shows many facets of courage, commitment and passion of survivors to overcome adversities and catalyze social change. The profiles in "Unstoppable" are of women and children who have experienced one of the most heinous crimes of our time, but who have defeated violence, victimization, depression and despair by courage to step into new roles as change agents and role models for others”

Dr. Iftekharuzzaman, ASF Chairperson

The Book was officially launched at brac Centre Auditorium on March 31, 2014. DR. Mizanur Rahman, National Human Rights Commissioner attended the launching program as the Chief Guest. Other guests included Monira Rahman, Former Executive Director of ASF and Founder of Innovation for Wellbeing Foundation, Dr. Samanta Lal Sen, Chief Coordinator of all Burn Projects of Bangladesh and Selina Ahmed, Executive Director of ASF.

“These women are my heroes, courageous and with such spirit. Many of them have surpassed what anybody in society would have expected from them, attaining new heights professionally, personally, and socially. Through my work and through their own endeavors, these survivors have become instrumental participants in the fight against violence against women, and I am proud to be a part of their campaign to inspire change in others”

Shafiqul Alam Kiron, Photographer
UNSTOPPABLE
THE COURAGE WITHIN

ACID SURVIVORS FOUNDATION

SHAFIQUL ALAM KIRON
STRATEGIC COMMUNICATION FOR ADVOCACY
ASF has been instrumental in facilitating the process of the drafting and enactment of two Acid Acts. The Acts are holistic in their approach and do not only deal with the effects of acid violence but also have provision for awareness raising and providing medical, legal and rehabilitation support to victims. The government established the National Acid Control Council (NACC) and District Acid Control Committees (DACC) under the Acid Control Act 2002, which provides for an independent fund to “procure funds to fulfill the goal of creating public awareness about the bad effect of the misuse of acid and its dangerous aspects and to provide treatment and legal assistance to the victim and to rehabilitate them”.

ASF’s advocacy strategy seeks proper implementation of the two Acts and for communities, government and civil society to take initiatives to prevent acid violence and protect survivors of acid violence.
MOBILIZING COMMUNITIES

ASF has focused on advocacy at the grassroots level through a series of awareness-raising campaigns and meetings. It created a forum for survivors to share their stories and strategies for overcoming legal and social barriers, and to express solidarity. ASF also conducts community meetings with community elites including UP members, Chairmen, teachers and other professionals to motivate community members to take active roles to enable survivors to reintegrate into the society. ASF also developed survivors to act as Ambassadors to advocate for their rights and entitlements. Survivor Ambassadors hold advocacy and lobby meetings with members of the Union Parishad, local officials of DSS, MOWCA, police and the Deputy Commissioner’s office. 18 meetings with Department of Social Services, 11 with Local government and 7 with Department of Women and Children Affairs were held in 2014.
ASF arranges dialogue with acid sellers and users to prevent the use of acid for criminal offenses and for better implementation of the Acid Control Act 2002 (amendment 2010). The Act is meant to control ‘the import, production, transportation, hoarding, sale and use of acid, and to provide treatment to victims of acid violence, rehabilitate them, and provide legal assistance’1. ASF arranged 22 meetings with acid sellers and users in 6 districts in 2014.

At the district level ASF’s advocacy initiatives include mobilizing the local government, NGOs, media, and other agencies to support survivors to access government and other services. ASF in partnership with local NGOs arranged dialogue with relevant government agencies in 2014 in two districts including Sathkhira and Narsingdi. All survivors from these districts assembled in the events to raise their voice for the protection of their rights and demand justice. Some survivors have had direct dialogue with the DACC and raised concern about their sufferings to attain justice and social and economic rehabilitation services from government agencies. Survivors’ direct engagement have resulted in increased funds release from the NACC to DACC and ultimately to acid survivors.
ASF is an active member of the National Acid Control Council (NACC) and member of the Acid Crime Case Monitoring Cell under the Ministry of Home Affairs. ASF uses these forums to raise concerns about the challenges faced in providing medical, legal and rehabilitation support to survivors and advocate for effective implementation of the two Acts. ASF participated in one NACC meeting and two Acid Crime Case Monitoring Cell meetings which were held in 2014.

INFLUENCING POLICY MAKERS

CHALLENGES

Land dispute is the leading cause of acid violence and it is difficult to address the complex nature of land related dispute which remains to be a serious concern in Bangladesh.

There is a general tendency for communities to blame the victim and view survivors in some way deserving the attack as a result of some wrongdoing.

Acid is widely used in small and large scale industrial capacities and it is challenging to ensure effective monitoring mechanisms for users who are working out of home or involved in small cottage industries.
Acid Survivors Foundation

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ASF in collaboration with brac arranged a conference on ‘Preventing Acid Violence and Ensuring Access to Justice’ on June 7th, 2014. Mr. Shawkat Mostafa, Additional Secretary (Law & Planning) to the Ministry of Home Affairs and Chairperson of the Acid Crime Case Monitoring Cell was the chief guest while Dr. Faustina Pereira, Director of Human Rights & Legal Aid Services, brac was the special guest of the meeting. ASF board of trustee member and president of BNWLA Advocate Fawzia Karim Firoze chaired the program and Advocate U.M Habibun Nessa, ASF board of trustee member facilitated a discussion session. Public Prosecutors, Additional Public Prosecutors, Panel Lawyers, Staff Lawyers from 20 districts, police officials from Dhaka and acid survivors participated in this conference.

Recommendations from the Conference

- Police should properly assist victims in filing FIR (complaint)
- Ensuring the presence of key witnesses including Doctor and Investigation Officer
- Inform witnesses when they have to appear in court and ensure that the summon reaches the witness before they are scheduled to testify
- To ensure witnesses appear before court the tribunal should have a copy of national ID card, permanent and present address and telephone numbers of all the witnesses
- Ensure victim’s right to protection from intimidation and harassment and establish a witness protection system
- Ensure judicial process is completed in 90 working days as stated in the Act
- Increased cooperation and sensitization of Police and Public Prosecutors.
INDEPENDENT AUDITORS’ REPORT
TO THE BOARD OF TRUSTEES OF
ACID SURVIVORS FOUNDATION (ASF)

We have audited the accompanying Consolidated Financial Statements of Acid Survivors Foundation (ASF) which comprise the Consolidated Statement of Financial Position as at 31st December, 2014, Consolidated Statement of Comprehensive Income and Consolidated Statement of Cash Flow for the year then ended, and a summary of significant accounting policies and other explanatory notes on that date.

Management Responsibility for the Financial Statement
Management is responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards (IFRS) as adopted by the Institute of Chartered Accountants of Bangladesh (ICAB) as BFRS and for such internal control as management determines is necessary to enable the preparation of Financial Statements that are free from material misstatement, whether due to fraud or error.

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

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Opinion
In our opinion, the consolidated financial statements, prepared in accordance with Bangladesh Accounting Standards and Bangladesh Financial Reporting Standards, give a true and fair view of the state of the Foundation’s affairs as at 31st December, 2014 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 have been 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 the Foundation and examined by us.

Dhaka, June 01, 2015

Khan Wahab Shafique Rahman & Co.
Chartered Accountants
### Acid Survivors Foundation

**Consolidated Statement of Financial Position**
As at 31st December, 2014

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Amount (In Taka)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Property &amp; Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non- Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>7,699,932</td>
<td>7,404,228</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td>129,620,143</td>
<td>123,385,674</td>
</tr>
<tr>
<td>Inventories</td>
<td></td>
<td>483,433</td>
</tr>
<tr>
<td>Investments</td>
<td>111,396,215</td>
<td>99,368,334</td>
</tr>
<tr>
<td>Advances and Deposits</td>
<td>5,726,432</td>
<td>794,132</td>
</tr>
<tr>
<td>Receivable</td>
<td>37,119</td>
<td>-</td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>11,960,378</td>
<td>22,240,775</td>
</tr>
<tr>
<td><strong>Less: Current Liabilities</strong></td>
<td>569,734</td>
<td>57,500</td>
</tr>
<tr>
<td>Provision for Expenses</td>
<td>569,734</td>
<td>57,500</td>
</tr>
<tr>
<td><strong>Net Current Assets</strong></td>
<td>129,650,409</td>
<td>123,328,174</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>136,750,341</td>
<td>130,732,407</td>
</tr>
<tr>
<td><strong>Financed by</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment Fund</td>
<td>16,941,459</td>
<td>16,941,459</td>
</tr>
<tr>
<td>General Reserve</td>
<td>110,012,854</td>
<td>104,425,911</td>
</tr>
<tr>
<td>Income Generating Fund</td>
<td>9,766,028</td>
<td>8,848,428</td>
</tr>
<tr>
<td>Stipend Fund</td>
<td>30,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Secured Loan</td>
<td>-</td>
<td>86,604</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>136,750,341</td>
<td>130,732,407</td>
</tr>
</tbody>
</table>

The annexed notes form an integral part of these financial statements.

[Signature]
Treasurer

[Signature]
Executive Director

Signed in terms of our annexed report of even date.

Dhaka, June 01, 2015

Khan Wahab Shafique Rahman & Co.
Chartered Accountants
Audit Report

Acid Survivors Foundation

Consolidated Statement of Comprehensive Income
For the year ended 31st December, 2014

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Notes</th>
<th>Amount (in Taka)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project donations</td>
<td>12</td>
<td>76,852,143</td>
</tr>
<tr>
<td>Donations from organisations</td>
<td>13</td>
<td>72,146,816</td>
</tr>
<tr>
<td>Donations from individuals</td>
<td>14</td>
<td>3,044,679</td>
</tr>
<tr>
<td>Other income</td>
<td>15</td>
<td>1,070,657</td>
</tr>
<tr>
<td>Recovery from projects as Head Office overhead</td>
<td></td>
<td>13,355,085</td>
</tr>
<tr>
<td><strong>Total income (A)</strong></td>
<td></td>
<td>90,696,302</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td>86,881,533</td>
</tr>
<tr>
<td>Administrative and general</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel expenses</td>
<td>16</td>
<td>25,823,072</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>17</td>
<td>13,394,261</td>
</tr>
<tr>
<td>Communication</td>
<td>18</td>
<td>8,764,457</td>
</tr>
<tr>
<td>Utilities</td>
<td>19</td>
<td>280,331</td>
</tr>
<tr>
<td>Transport/logistics expenses</td>
<td>20</td>
<td>998,825</td>
</tr>
<tr>
<td><strong>Program</strong></td>
<td></td>
<td>1,963,547</td>
</tr>
<tr>
<td>Support to survivors (Program)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical support program</td>
<td>21</td>
<td>32,393,011</td>
</tr>
<tr>
<td>Research advocacy and prevention unit</td>
<td>22</td>
<td>26,326,993</td>
</tr>
<tr>
<td>Psychosocial support unit</td>
<td>23</td>
<td>13,115,632</td>
</tr>
<tr>
<td>Legal unit</td>
<td>24</td>
<td>12,208,162</td>
</tr>
<tr>
<td><strong>Increase organisational capacity building (Program)</strong></td>
<td></td>
<td>742,825</td>
</tr>
<tr>
<td>Human resources development</td>
<td>25</td>
<td>4,000,594</td>
</tr>
<tr>
<td>Increase organisational capacity</td>
<td>26</td>
<td>658,913</td>
</tr>
<tr>
<td>Audit fee</td>
<td>27</td>
<td>123,886</td>
</tr>
<tr>
<td><strong>Others</strong></td>
<td></td>
<td>2,896,851</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td>2,772,965</td>
</tr>
<tr>
<td>Financial charges</td>
<td></td>
<td>123,886</td>
</tr>
<tr>
<td><strong>Total expenditure (E)</strong></td>
<td></td>
<td>5,832,774</td>
</tr>
<tr>
<td>Excess/deficit of income over expenditure (C=A-B)</td>
<td></td>
<td>(4,767,358)</td>
</tr>
</tbody>
</table>

The annexed notes form an integral part of these financial statements.

Treasurer

Executive Director

Signed in terms of our annexed report of even date.

Dhaka, June 01, 2015

Khan Wahab Shafique Rahman & Co.
Chartered Accountants
Audit Report

Acid Survivors Foundation

Consolidated Statement of Cash flows
For the year ended 31st December, 2014

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Amount (In Taka)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
</tr>
<tr>
<td><strong>A. Cash flows from operating activities</strong></td>
<td></td>
</tr>
<tr>
<td>Project donations</td>
<td>72,146,816</td>
</tr>
<tr>
<td>Interest received</td>
<td>44,932</td>
</tr>
<tr>
<td>Other donation received</td>
<td>4,715,327</td>
</tr>
<tr>
<td>Income from sustainable project</td>
<td>1,958,458</td>
</tr>
<tr>
<td>Received for stipend fund</td>
<td>-</td>
</tr>
<tr>
<td>Recovery from projects as Head Office overhead</td>
<td>499,075</td>
</tr>
<tr>
<td>Bank charges</td>
<td>(123,886)</td>
</tr>
<tr>
<td>Support to survivors through various units</td>
<td>(53,433,869)</td>
</tr>
<tr>
<td>Increased organisational capacity</td>
<td>(3,943,094)</td>
</tr>
<tr>
<td>Advances and loan realisation</td>
<td>(5,084,419)</td>
</tr>
<tr>
<td>Other received</td>
<td>1,000</td>
</tr>
<tr>
<td>Paid for management and internal operation</td>
<td>(25,310,838)</td>
</tr>
<tr>
<td>Paid against previous year's provision</td>
<td>57,500</td>
</tr>
<tr>
<td><strong>Net cash from/(used in) operating activities (A)</strong></td>
<td>(8,473,001)</td>
</tr>
<tr>
<td><strong>B. Cash flows from investing activities</strong></td>
<td></td>
</tr>
<tr>
<td>FDR encashment</td>
<td>81,690,586</td>
</tr>
<tr>
<td>Investment in FDR</td>
<td>(93,718,467)</td>
</tr>
<tr>
<td>Interest on investment</td>
<td>13,191,373</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(3,097,209)</td>
</tr>
<tr>
<td>Sale of property, plant and equipment</td>
<td>1,263,320</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities (B)</strong></td>
<td>(1,367,356)</td>
</tr>
<tr>
<td><strong>Net increase/(decrease) in cash and cash equivalents (A+B)</strong></td>
<td>(10,230,398)</td>
</tr>
<tr>
<td>Opening cash and cash equivalents</td>
<td>22,240,775</td>
</tr>
<tr>
<td>Closing cash and cash equivalents</td>
<td>11,969,378</td>
</tr>
</tbody>
</table>

Treasurer

Executive Director
VISITS IN 2014

T20 English Women Cricket Team visited ASF

Dr. Mohiuddin Khan Alamgir Former Minister, Ministry of Home Affairs visited ASF hospital

Executive Director of ASF is briefing about ASF Medical Services while DFID high officials are in a visit to ASF Hospital

A courtesy visit by the founder of Child Heaven
Acid Survivors Foundation

German Parliament Members were briefed on ASF intervention at ASF office.

Mr. Ron Pouwels, Regional Adviser, Child Protection, UNICEF and Ms. Rose Ann Papavero, chief, child protection, UNICEF, Bangladesh have visited Acid Survivors Foundation.

Priya Powell, Councillor, Development Cooperation, Australian High Commission met acid survivors at ASF hospital.
Contribution to ASF: 2014

Donor Agencies

Individual Donation

Rashed Nazir Ahsan, Atiqr Rahaman, Sadia, Kittnar Oliver, Rookaya Mather, Evans glenn, Fareha Zeba, Afia Afreen, Imran Faiz Rahaman, Sanjida Sultana, Rashida K Chowdhury, Canadian High Commissioner

Organization Donation

Prime Insurance, Canadian High Commission Recreation Centre, Nobert Kron and Channel TVE, American International School, Manira Apparels Ltd, Renata Ltd, Aswad Composite Ltd

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 and Networks

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)
♦️ RDRS
♦️ PAPRI
♦️ Agrogoi Sangstha (AS)
♦️ Shabolombi Unnayam Samity (SUS)
♦️ Lighthouse
♦️ Ain O Salish Kendra
♦️ Bangladesh National Women’s Lawyers Association (BNWLA)
♦️ Naripakkho
♦️ Jatiyo Mahila Sangstha
♦️ Bangladesh Manabadhikar Bastobayan Sangstha (BSEHR)
♦️ Bangladesh Legal Aid Services And Trust (BLAST)
♦️ Engage Men & Boys Network
♦️ Girl Child Advocacy Forum
♦️ The Hunger Project
♦️ CIDV - Citizens Initiative against Domestic Violence
♦️ WE CAN Bangladesh
♦️ HRFB - Human Rights Forum Bangladesh
CONTRIBUTION OF LOCAL AND
INTERNATIONAL DOCTORS & SURGEONS

Plastic surgeons
Prof. Dr. Shafquat H. Khundkar
Dr. Shareef Hasan
Dr. Muhammad Quamruzzaman
Dr. Ahmad Seraji
Dr. Md. Rashedul Islam

Ophthalmologist
Dr. Faridul Hasan

ENT Consultant
Dr. A. Allam Chowdhury

Thoracic Surgeon
Dr. A.K.M. Razzak

Assistant Surgeon
Dr. Mohammed Mazharul Haque
Dr. Hasan Naziruddin
Dr. Masroor Ur Rahman Abir
Dr. Raihan Anwar
Dr. Zahid Iqbal

Anaesthesist
Dr. Waheed Murshed
Dr. Taslema Chowdhury
Dr. Mohsin Mollah
Dr. M. Saidur Rahman Khan