FINAL EVALUATION REPORT ON “DIRECT PROGRAMMEME SUPPORTS FOR ACID BURN SURVIVORS”

June 2019, Dhaka.

Author: Dr. Tasira Sarram
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Preface

It has been an enriching experience conducting the evaluation report for the project of ‘Direct Programme Support for Acid Burn Survivors’. Working on this project has not only given us the insight of the project period of two years, but has allowed us to look through the whole infrastructure of the medical facilities by Acid Survivors Foundation from a new perspective. ‘Perseverance is not a long race; it is many short races one after the other’ – I believe this quote can be reflected on the endurance of an acid attack survivor who needs to carry on the treatment, even though most patients need to go through long term, step by step reconstruction through multiple surgical interventions. The psycho-social damage it brings along is another burden no less challenging; rather more in cases where disfigurement of a female is there. In my work with Burn and Reconstructive surgery as a clinician and in Public Health research arena of Bangladesh, I have closely observed the trials and tribulations of burn survivors and the impact of the injury on his/her family and society. The difficulty is exponentially increased if the injury is due to violent acid burn, and such it is in almost all cases. With the society still being patriarchal and superstitious, majority survivors being female, it can be undoubtedly claimed that had there not been the services offered by Acid Survivors Foundation, the struggle of the acid attack survivors would have been far more multifaceted and trying. This Kadoorie Charitable Foundation funded project has been the core of the exclusive medical treatment offered to the survivors of acid attacks by Acid Survivors Foundation, and some more. It was extremely prudent and insightful to include support services comprising physiotherapies and psychotherapies to burn units of government facilities; and also to offer training sessions for young professionals as a part of capacity building in a specific branch of medical science, that is burn care. According to a study, even with the limited burn surveillance in Bangladesh, nearly 3000 is the fatality rate per year due to burn injuries. Disability, which commonly follows burn injuries, has not even been being measured. In this scenario, broadening the focus parallel to violent chemical burn can be considered a remarkable initiative in the low resource setting of Bangladesh.

One spectacular characteristic of this study is that it does not only inspect the objectives of the project period of mere 2 years, rather it offers an overview of the entire medical services that
is being carried out by ASF. The broader spectrum of this work will categorically be of significance in developing the future undertakings.

I would like to mention that bearing in mind most service recipients are female and the act violence is a sensitive issue which builds a psycho-social suffering; we have taken extreme caution about maintaining gender sensitivity under the guidance of gender and psycho-social experts.

It was a pleasure to work with a research team so dedicated and hardworking, eager to learn and are socially concerned and aware. It has been a learning experience for all of us. I am indebted to subject experts for being generous to express their opinions even in a time crunch. I thank the ASF team for the support and generosity which let us conduct the evaluation spontaneously.

I am also grateful to all the participants of both quantitative and qualitative data for coming forward and sharing their valuable opinion for this report.

I would be happy to offer clarifications about this report in regards to any further queries that may arise.

Sincerely,

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Executive Summary

Survivors of acid attacks often face social isolation that damage their sense of worth and socio-economic status. Although there are many works going on to reintegrate such victims by government and many organizations by providing various supports, it seems like the resources are not enough to ensure a certain levels of necessities. ASF has been instrumental in combating the acid violence in Bangladesh.

Dedicated efforts have been made to increase the capacity of surgical burn care by way of creating new wards, facilities and units, including various specialized training programmes. Ultimately, although constructive measures have been developed to optimize the management of burn patients, an all-inclusive support to the affected patients is more vital. Only comprehensive healthcare facilities and support can help the victims get out of such a grave tragedy and reintegrate in the society.

The project in concern, through its various activities in different sectors has addressed the dire necessities of the victims of acid violence and has also empowered some healthcare professionals by showing the way of how to get the best outcome in a low resource setting like Bangladesh.

Measuring through the scales of Relevance, Efficiency, Effectiveness, Impact and Sustainability, the project can be labeled as fairly implemented and successful. The aforementioned discussion is a proof of the relevancy of the project with its activities. Efficiency has been noted through examining the detailing of the activities in context of financial, human resource and logistics management and area of improvements are duly recommended. Effectivity is guaranteed through the response of service recipients, where more than 90% responders vouched for effectiveness of the services. Impact and sustainability has naturally followed the effectivity. Sustainability of the activities is altogether a different concern with multiple challenges and possibilities.

In conclusion, despite some deviations in achieving the targets in sectors of budget, the 'Direct support for acid burn survivors' project has delivered an appreciable outcome not only to the survivors, but to a greater environment as well.
ACRONYMS

KCF – Kadoorie Charitable Foundation

ASF – Acid Survivors Foundation

ToR – Terms of References

SHNIBPS – Sheikh Hasina National Institute of Burn and Plastic Surgery

ShSMCH – Shaheed Suhrawardi Medical College and Hospital

MMCH – Mymensingh Medical College and Hospital

KMCH – Khulna Medical College and Hospital

VSC – Victim Support Centre of Bangladesh Police

DAC – Development Assistance Committee

WID - Women in Development

GAD - Gender and Development

NGO – Non Governmental Organization

GO – Governmental Organization
1. Introduction

1.1. Background of the project

BANGLADESH

The People’s Republic of Bangladesh is a densely populated sovereign country in South Asia. It is the 92nd-largest sovereign state in the world and is home to about 180 million people from a range of ethnic groups and religions.

The country is divided into eight administrative divisions and sixty-four districts. It is one of the emerging and growth-leading economies in the world. In the field of human development, it has progressed ahead in life expectancy, maternal and child health. However, the country continues to face challenging problems, including poverty, illiteracy, gender equality and inadequate public healthcare.

![Bangladesh Divisions of Bangladesh](image@mediabangladesh.net)
GENDER INEQUALITY/DISCRIMINATION IN BANGLADESH

Bangladesh is internationally recognized for its good progress on the Gender Gap Index in South Asia over the years, but the rate of violence against women still remains high. In Bangladesh, marriage, divorce, custody of children, inheritance and religious law often discriminate against women.

In a report made by Asian Development Bank, it was seen that even though the gender gap has also narrowed in income and wages, less than 10% of women work in the formal sector with the remainder in the informal sector, such as home-based work. This tends to be characterized by lower income, greater insecurity, and generally unfavorable working conditions. Meanwhile, under 5% of firms have women in top management.

The aforementioned data was taken from a report which was produced to support the development objectives of the Government of Bangladesh as set out in its Seventh Five-Year Plan (2016-2020), as well as the Country Partnership Strategy (2016-2020) of Asian development Bank (ADB) in promoting inclusive and environmentally sustainable growth in the country.

GENDER SENSITIVITY IN BANGLADESH

Bangladesh is one of the least developed countries though it has achieved some key progresses in human development over the last two decades. Even after taking this position of development issues into consideration, there still are gender issues in Bangladesh which are addressed in a very incoherent manner. They largely follow the Women In Development (hereafter WID) approach, rather than a Gender And Development (hereafter GAD) approach.

A WID approach considers poverty as the main reason of the gap between men and women, whereas, a GAD approach considers the socio-cultural construction of gender as a possible determining factor of poverty. A small number of ‘female’ problems such as girls’ school attendance, reproductive health and domestic violence are ever addressed. The studies usually do not succeed in addressing the mainstream gender issues or analyze inequalities between men and women by focusing on underlying gender relations. Neither do they propose potential solution to eradicate these problems.
Bangladesh needs to look into the gender-sensitivity of different sectors such as health, nutrition & population, education, labor markets, agriculture, safety-nets, infrastructure, empowerment, financial services etc. with due concentration on the different dimensions of poverty such as capabilities, opportunities, security and empowerment of women.

**RISING TREND OF GENDER BASED VIOLENCE IN BANGLADESH**

In Bangladesh, the rates of violence against women have remained high. According to an article published by the UN Women (Asia and the Pacific), almost two out of three (72.6 per cent) ever-married women in Bangladesh have experienced some form of partner violence in their lifetime, and more than half (54.7 per cent) have experienced it in the former year.

A report by ADB points out that a survey carried out by the Bureau of Statistics in 2011 shows that as many as 87% of currently married women reported experiencing some kind of violence during the previous 12 months. One third of women aged 15-49 believe in at least one justification for a husband hitting his wife, such as arguing with him.

2018-2019 has not seen any development in the statistics, since the social stigma related to molestations and sexual harassments is one of the main reasons why the violence in Bangladesh against women are increasing by the day. By some estimates one out of four women will be the victim of sexual assault in her lifetime. Each year women report almost half a million rapes and sexual assaults. In about 80 percent of those cases, the accused gets away without any punishment. Over the years, 12 of the convicted acid attackers were sentenced to capital punishment, but has not been implemented as of yet.

It is mentionable that even though the acid burn cases are declining, cases of burns due to violence is in increase at an alarming rate in recent times.

**INADEQUATE HEALTH FACILITY OF BANGLADESH**

Bangladesh is one of the most densely populated countries in the world, with a geographical area of approximately 147,570 km² (4). 74% of that population lives in the rural areas with an average life expectancy of 62-63 years among males and females respectively (2).
“There are an estimated 3.05 physicians per 10,000 population and 1.07 nurses per 10,000 population” based on MoHFW HRD 2011. There is a severe gap between sanctioned and filled health worker positions: 36% vacancy in sanctioned health worker positions and only 32% of facilities have 75% or more of the sanctioned staff working in the facilities (World Bank, 2009). Not only that, 28% of treatment provided in government health facilities is through alternative medicine (Ayurveda, Unani, and Homeopathy), yet as of June 2011, there was a 50% vacancy rate for alternative medicine providers (MoHFW AMC 2011).

Eight years later, even though 13,500 new community clinics have been established in Bangladesh, the quality and effectiveness of the healthcare facilities is still debatable. Even worse, a community survey of 6,183 individuals in rural Bangladesh found a gender difference in treatment-seeking behavior, with women less likely to seek treatment than to men.

**NEGLECTED MENTAL HEALTH AND THE NECESSITY OF IT IN BANGLADESH**

According to the World Health Organization, mental disorders contribute about 13% of the total global burden of diseases and is one of the biggest public health concerns of this era. It is a more challenging issue among low-middle income countries like Bangladesh.

A National Mental Health Survey from 2003-2005 found that around 16% of the adult population in the country has been suffering from mental disorders, which has increased from approximately 7 to 31% among adults and from 13 to 23% among children within the past decade. Due to strong social stigma attached to mental disorders in the local society, the prevalence in both groups is likely to be underestimated. Despite the numerous significant achievements in improving health indicators, unfortunately not much significant measures have been observed in the national health structure of Bangladesh to combat the emerging challenge of mental health.

If we magnify the mental health facilities in the context, the number of community-based psychiatric inpatient units and community residential facilities are 31 and 11 respectively, which doesn’t even serve more than one person in every 100,000 population. National Institute of Mental Health (NIMH) is the only coordinating body dedicated to public education and
awareness campaigns on mental health and mental disorders and there are no specific authority or commission to operate or supervise the mental health service nationwide.

Even with a 25% increase in mental health support recently, the facilities are still scarce. There is a lack of mental healthcare facilities to cater to those with depression, schizophrenia, mood disorders or support the psychological needs of those suffering from nightmares, panic attacks, and an overwhelming sense of distrust due to sexual abuse.

**ROLE OF NGOS TO EMPOWER WOMEN AND STRENGTHENING THE HEALTH SECTOR OF BANGLADESH**

In Bangladesh, about 20,000 NGOs are operating their functions in different development fields. The NGO supported programmes are mainly targeted to poor and the disadvantaged groups that cover a wide range of activities.

A research was conducted for BRAC focusing on the role of NGOs in Bangladesh. The results suggest that NGOs can benefit the populous in the rural areas by providing health and nutritional knowledge. NGOS have directed their efforts towards reducing the incidence of infant, child and maternal mortality through various programmes and also provide nutritional knowledge.

Not only that, family planning is considered as an integral part of health service and most of the NGOs are involved in motivational activities and distribution of contraceptives at the community levels. NGOs enjoy some comparative advantages over the public sector which demonstrate their capacity to reach the poor more effectively than the government.

Hence they can reach the local populous and also provide assistance to local government departments and voluntary agencies. NGOs focus on the poorest segments of the society where government programmes are either limited, don’t exist or are ineffective. NGOs tend to have accurate knowledge and understanding of local needs and capacities to undertake projects as well as find materials to transfer the knowledge among people.
1.2. Justification of the evaluation of a project

Bangladesh, even though a rising economy, still depends heavily on international donor agencies. However compelling and worthwhile a project might seem, it is hard to know whether it has achieved its goal or whether it has been effective. Evaluation through steps of critical analysis is fundamentally important to make a judgment. An evaluation report is not only for the donors to see if the money they invested has been used well, but also for the ultimate user to realize how much they have been beneficial. Particularly in the current world, where so many organizations work for so many exemplary causes, it is difficult to decide which one to fund. Evaluating a work can be of great help regarding such issues to develop a further strategy in future. Hence, evaluation is not only justified, but it is absolutely vital for every project in order to create the basis of assurance and encouragement for a future project.

1.3 Introduction to the project

Project title: ‘DIRECT PROGRAMME SUPPORTS FOR ACID BURN SURVIVORS’

<table>
<thead>
<tr>
<th>Funding Agency</th>
<th>Kadoorie Charitable Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing organization</td>
<td>Acid Survivors Foundation</td>
</tr>
<tr>
<td>Project Period</td>
<td>2 years (April 2017 – March 2019)</td>
</tr>
</tbody>
</table>

Note: The project is running a no-cost extension of 3 months (April 2019 – June 2019) with same objectives and mode of operation. Due to that, figures are subject to change on closing of the project.

- **Project Location**
  - **Project base**: Acid Survivors Foundation Hospital in Dhaka
  - **Project areas outside the capital**
    Sirajganj, Bogra, Satkhira, Narsingdi, Dinajpur, Mymensingh, Comilla, Netrokona, Khulna.
Project Activities

- All treatment related support in Acid Survivors Foundation Hospital in Dhaka.
- Psychotherapy support – Sheikh Hasina National Institute of Burn & Plastic Surgery (SHNIBPS), Shaheed Suhrawardy Medical College & Hospital (ShSMCH) & Victim Support Center (VSC) in Dhaka; Mymensingh Medical College & Hospital (MMCH) in Mymensingh & Khulna Medical College & Hospital (KMCH) in Khulna
- Physiotherapy support - Shaheed Suhrawardy Medical College & Hospital (ShSMCH), Dhaka; Mymensingh Medical College & Hospital (MMCH), Mymensingh & Khulna Medical College & Hospital (KMCH) in Khulna
- Patient Outreach Programme in 8 Districts of Bangladesh - Sirajganj, Bogra, Satkhira, Narsingdi, Dinajpur, Mymensingh, Comilla and Netrokona
- Training Workshop for capacity building in Burn Management and Pressure Garment tailoiring

Direct Outcome of the Project

1. Survivors of acid and other burn violence received direct treatment supports (surgery, medicine, physiotherapy, psychotherapy, counselling, transportation cost)
2. Rural level survivors have received their required treatment support through ASF organized “Patient Outreach Programme”
3. Improved access of quality Pressure Garments for the burn patients
4. Promotion of updated knowledge and skills of Healthcare professional to address quality burn care
5. Development and distribution of IEC materials (brochure, leaflets, posters) for raising awareness on burn care management

ACID SURVIVORS FOUNDATION: a brief introduction

Vision

‘ASF is a centre of excellence with a vision of Bangladesh free from acid violence, where burn victims, especially women and children, live with dignity’
**Mission**

‘To prevent acid & burn violence and empower survivors, especially women and children, by: working with an integrated approach; using a replicable holistic (bio-psycho-social) model which engages all national & international stakeholders and is backed by research, experience & evidence’

Acid Survivors Foundation (ASF) was formed on 12 May 1999 with the growing concern of the rising trend of acid violence in Bangladesh. It began its journey with a vision to reduce and eventually eliminate acid attacks in Bangladesh and ensure that survivors, especially women and children are able to live with dignity. It has been working towards its vision by working on an integrated and holistic (bio-psycho-social) multi-stakeholder approach, which includes: prevention of acid and burn violence, comprehensive medical support, legal assistance, research and advocacy, and social and economic rehabilitation to combat acid violence from Bangladesh. Through ASF’s comprehensive efforts the number of acid attacks over the years has been reduced. In the year 2002, the highest number of attacks was seen with 496 recorded attacks with 494 incidents. However, the trend started to decline from 2003 and in 2018 there were 18 numbers of incidents affecting 22 victims.

**ACID CONTROL LAW AND ITS IMPACT**

After the first documented case of acid violence in the year 1967, the acid crime rates escalated quickly all over the country. The laws regarding acid violence were not strict enough and the availability of acid in open markets made access to it easier for the criminals. Laws were needed to be implemented to control the acid violence and ensure perpetrators swift punishment for the perpetrators. The trade in acid and other corrosive substances had to be guarded by legal checks and balances to prevent their accessibility.

This is why, in the year 2002 the Bangladeshi Government passed two Acts, the Acid Control Act 2002 and the Acid Crime Prevention Acts 2002 (1st and 2nd Act), restricting import and sale of acid publicly. The aim of the Acid Crime Control Act was to rigorously control the “import, production, transportation, hoarding, sale and use of acid and to provide treatment for acid victims, rehabilitate them and provide legal assistance”. It houses stringent punishments ranging
from the death sentence to life imprisonment, to between three to fifteen years imprisonment and a hefty fine of up to Tk 1 lakh (approximately US$ 1,709).

More importantly, according to this law, businesses dealing with acid needed a license to do so, and the government arranged for a fund to provide treatment to victims of the violence and to rehabilitate them, as well as to create public awareness about the bad effects of the misuse of acid. The reported incidents of acid attacks on women were 181 (out of 337) in the year 2003. After multiple awareness programs done by NGOs like ASF and the establishment of the new laws surrounding acid attacks, the numbers of acid victims decreased to 21 in the year 2018. Then again, the victims are largely from the poor and underprivileged section of the society in many cases contrary to the perpetrators. Since the poor struggle for access to justice, acid and rape victims face the same. Many doctors are reluctant to come to court to give evidence. Lack of sufficient judges and judicial officers in the lower courts also cause delay in hearings. The cases are either not heard on time or remain pending.
2. **Objectives**

2.1. **General Objective**

The general objective of this final evaluation is to assess the effectiveness and impact of the ‘Direct Programme Support for Acid Burn Survivors’ project and to assess the sustainability of project interventions if any, for addressing the issue being dealt with.

2.2. **Specific Objectives**

- To critically assess the success of the project in achieving its set objectives;
- To assess relevance, suitability, appropriateness, and effectiveness of the activities implemented by the project in relation to its set objectives;
- To assess the efficiency of the project interventions and management carried out in terms of human, material and financial resources;
- To assess the Hospital protocol & implementation strategy, capacity & performance of Medical Staffs and overall service delivery at ASF Hospital;
- To assess the capacity and performance of Pressure garments units at ASF head office, SHNIBPS & ShSMCH Burn unit and to carry on the process initiated by the project on its discontinuation of its activities in the areas;
- To assess the overall effectiveness of capacity building initiatives undertaken by the project;
- To assess the effectiveness of community outreach events;
- To assess the accessibility and quality of physiotherapy and psycho-social services and supports given at ASF hospital, 4 Government support services (SHNIBPS, ShSMCH, KMCH, MMCH) and Victim Support Center;
- To assess the quality and effectiveness of the IEC materials developed during the project period;
- To identify key opportunities and constraints in the outreach events at community level;
- To assess relationship between ASF and Govt. support services;
- To find out the response from different stakeholders about the outreach activities & support services;
- To find out the best practices, lessons learned and challenges;
- To evaluate sustainability of the achieved effects and impacts of the project in the wider environment.
3. Framework and Methodology

3.1. Evaluation Matrix: DAC criteria

DAC evaluation criteria determines: When evaluating programmes and projects it is useful to consider some criteria. The DAC criteria was first laid out in the DAC Principles for Evaluation of Development Assistance and later defined in the Glossary of Key Terms in Evaluation and Results Based Management. The following further explains the criteria and provides some ideas on the illustration of how they may be used in practice:

a. Relevance and fulfillment of relevance: The extent to which the aid activity is suited to the priorities and policies of the target group, recipient and donor.

b. Efficiency: Efficiency measures the outputs -- qualitative and quantitative -- in relation to the inputs. It is an economic term which signifies that the aid uses the least costly resources possible in order to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been adopted.

c. Effectiveness: A measure of the extent to which an aid activity attains its objectives.

d. Impact: This involves the main impacts and effects resulting from the activity on the local social, economic, environmental and other development indicators. The examination should be concerned with both intended and unintended results and must also include the positive and negative impact of external factors, such as changes in terms of trade and financial conditions.

e. Sustainability: Sustainability is concerned with measuring whether the benefits of an activity are likely to continue after donor funding has been withdrawn. Also, projects need to be environmentally as well as financially sustainable.
<table>
<thead>
<tr>
<th>Evaluation Area</th>
<th>Research Questions</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relevance</strong></td>
<td>• Did the project address the problems of the target groups?</td>
<td>☐ Desk review (project proposal; strategy paper; Logical framework, Budget)</td>
</tr>
<tr>
<td></td>
<td>• Did the actual activities &amp; outputs were consistent with the expected objectives from the desired implemented &amp; planned activities?</td>
<td>☐ Project progress reports.</td>
</tr>
<tr>
<td></td>
<td>• Did those planned &amp; implemented activities &amp; outputs achieved the goal?</td>
<td>☐ Interviews with project staffs</td>
</tr>
<tr>
<td></td>
<td>• Was the project being implemented according to its ToR?</td>
<td>☐ Interviews with implementing partners</td>
</tr>
<tr>
<td></td>
<td>• Were activities cost-efficient in terms of budget, asset &amp; human resources?</td>
<td>☐ Interviews with the survivors.</td>
</tr>
<tr>
<td></td>
<td>• Was the planning implemented on time?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Were the service delivered on time to achieve the goal &amp; objectives?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Was the project implemented in the most efficient way compared to alternatives?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What extent the project has achieved the objectives as per the project documents and project outline?</td>
<td>☐ Desk review (project proposal; strategy paper; Logical framework, Budget)</td>
</tr>
<tr>
<td></td>
<td>• Did the beneficiaries get involved with the project implementation process &amp; gained the ability to access the service &amp; supports provided to the survivors?</td>
<td>☐ Project progress reports.</td>
</tr>
<tr>
<td></td>
<td>• What were the main factors to influence the project in achieving its goal or creating challenges?</td>
<td>☐ Interviews with project staffs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Interviews with implementing partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Interviews with the beneficiaries &amp; patients.</td>
</tr>
</tbody>
</table>
### Effectiveness
- The efficiency and effectiveness of the capacity building initiatives for the project staff, beneficiaries and service providers and their impact regarding the services provided to survivors and to improve burn care in Govt. settings.
- Did the reflection of gender perspective created any influence on results?

#### Victim/Survivor Level
- How satisfied victims/survivors are about the project activities and results?
- Has there been change in Individual perception and knowledge level?

#### Service Provider/Policy Level
- What has been the improvement in understanding, capacities and skills of service providers (health, psychological social, legal, education etc.)?
- What are the changes in their roles and responsibilities regarding the services provided to survivors?
- How effective is the service delivery mechanism to support survivors?

#### Community Level
- What is the level of awareness and capacity of the families and community on different support services available
- How emphatic and supportive they are regarding victims?

---

<p>| What has happened as a result of the programme or project? | Desk review (project proposal; strategy paper; Logical framework, Budget) |
| What real difference has the activity made to the beneficiaries? | Project progress reports. |
| How was the quality of interventions carried out under the project? | Interviews with project staffs |
| How are support services in | Interviews with implementing partners |</p>
<table>
<thead>
<tr>
<th>Impact</th>
<th>different govt. settings are provided and how patients got benefited? ▪ What are the benefits of community outreach events at field level? ▪ What extent the victims of acid violence (New &amp; Old) were supported during the project period? ▪ What was the overall effectiveness of capacity building initiatives undertaken by the project? ▪ What are the opportunities and constraints in the outreach events at community level? ▪ How the achieved effects sustained and what are impacts of the project in broader perspective?</th>
<th>□ Interviews with the beneficiaries &amp; patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainability</td>
<td>▪ How the project will run or create benefits even if the donation is ceased? ▪ What will be the major factors that will make the project sustainable? ▪ What alternatives can be created to continue, maintain or replicate the programme outcomes?</td>
<td>□ Interviews with project staffs □ Interviews with implementing partners</td>
</tr>
</tbody>
</table>

3.2. Design of the study

The design of this evaluation study adopted a mixed method approach to explore the objectives from the point of view of both service providers and service recipients.

Primary and Secondary source of Data were used in analysis.

3.3. Population of the study

Qualitative

To understand the method of work that had been done for the project and to investigate the opinion of the key contact persons who are specialists in burn care of the five selected
government facilities, following people were considered as the target population for qualitative interview.

- Staff of ASF who were directly involved in the project.
- Key contact persons of the five Government facilities where support service was rendered

**Quantitative**

To investigate the direct impact of the services on the most important stakeholders of the project—the patients, quantitative method was used to incorporate a wider range of response from recipients of different age group, backgrounds, location and needs.

Survivors who received services from project activities during the project period had been chosen as the target population. Among them, service recipients from ASF hospital and Outreach camps could only be included in the population size. Patients who received the support services from government facilities are not registered with contact addresses in ASF database and therefore had to be excluded.

**3.4. Research Tools**

For the qualitative data, semi-structured questionnaire were used. Different set of questionnaires were used for project staff and Key informant of government facilities.

The questionnaires were translated in Bangla and the language was chosen according to the choice of the interviewee.

For the quantitative data collection, a structured questionnaire was prepared with the guidance of psycho-social expert to ensure maximum outcome with convenient questions without causing distress to the survivors. The questionnaire was translated in Bangla and interviews were conducted in Bangla. The questionnaire contained basic demographical data and session evaluation questions for investigating over all hospital services, physiotherapy and psychotherapy.

*All questionnaires are attached as Annexes*
3.5. Sample size and sampling procedure

**Qualitative:** Purposive sampling technique was used for the qualitative part of the study.

In order to understand the role and methods of the project activities,

- Four project staff (Nurse, Psychotherapist, Physiotherapist, Finance Officer) were interviewed who had worked in all activities to understand the work involved in all sectors.

With understanding of the method of their work,

- Ten key informants from five government facilities have been interviewed.

**Quantitative:** Simple Random Sampling technique has been used.

From the population size of 646 (total number of patients who received service from Outreach programme and Acid Survivors Hospital during the project period), sample size was calculated as 31. To increase the strength of the study and to get a wider impression on the impact of the project, sample size was increased to 60.

All 646 patients from the registration book of ASF with contact details were entered as a single list in a database. All were issued a unique ID number, 1905001 to 1905646. From those 646 unique IDs, 60 random ID numbers were generated. Those particulars were invited to take part in the survey following the inclusion and exclusion criteria. Among them 53 participants agreed to participate and they were interviewed.

### 3.5.1 Inclusion & Exclusion criteria

- **Inclusion Criteria**
  - **Qualitative**
    - Staff of ASF who directly worked on the project
    - Key person of contact in the government facilities where support service were rendered
    - Willing to take part in the study with informed consent
Quantitative

- Beneficiaries of ASF who received medical services during the project period
- Willing to take part in the survey with informed consent
- 16 years of age and above (with parental consent if under 18 years of age)

Exclusion Criteria

Qualitative

- Unwilling to take part in the study
- Unavailability due to prior engagements

Quantitative

- Unwilling to take part in the survey
- Impaired mental health
- Employed by ASF (to avoid conflict of interest)

3.6. Pilot study

A Pilot study was conducted as pre-testing of the questionnaire before field work. 5 patients of ASF hospital were approached for that purpose, and questionnaire was modified accordingly.

3.7. Ethical Consideration

Ethical consideration had been a prime element in this study. Particularly for the quantitative survey, it has been a crucial factor. The target population for quantitative survey was beneficiaries and they are to remain beneficiaries in future. The prime concern had been that there should not be any chance of biasness in future by the organization based on anyone’s opinion. For this purpose, anonymity of the responders was strictly maintained. This issue was explicitly clarified to the responders. Informed consent was taken from all responders with the choice of opting out of the survey at any point. Responders between the ages of 16 to 18 were interviewed with parental consent. The questionnaire was formulated with utmost care as not to
include anything which might cause distress to the survivors of violence. Guidance and approval of psycho-social expert was taken. Gender sensitivity had been another leading concern as majority survivors are female and were violated by mostly male perpetrators in a patriarchal society. It was taken care that gender sensitivity was maintained throughout the study.

The invitation letter for key informants and consent form for the survey are attached as annex.

3.8. Data collection procedure – Primary & Secondary

Primary - Qualitative

The data collection of the entire study commenced with approaching the staff of ASF who worked in various sectors of the project. List of staff engaged in the project was obtained and approval to interview was taken from ASF. A random date was fixed for the interview, and a physiotherapist, a psychotherapist and a nurse engaged in project work was approached upon availability. With their consent, interviews were conducted. Informed consent was taken and privacy was strictly maintained. It was made clear that the authority will not be able to link directly any opinion they would exert. Information on how the activities of the project unfolded was acquired. Along with this, personal impression on the project and some related issues were enquired.

After understanding of the method of work from the staff, the key contact persons of 5 government facilities were approached. They were sent invitation letters to take part in the study and with their consent, in their choice of time and date; interviews with a semi-structured questionnaire were conducted. The objective was the study was notified and questions regarding the project activities were queried. All were given a choice of anonymity and informed that any quotation which might be used will be without naming anyone and explicit permission would be taken for doing so.

Primary – Quantitative

With all precautions regarding gender sensitivity and psycho-social impact, survivors with ID numbers generated by random sampling was contacted and approached to take part in the survey. The objective of the study was explained and it was made clear that anonymity will be
maintained in such way that the benefactor will be oblivious of responders in order to rule out chances of any biases in future. Then with informed consent, with a structured questionnaire, interviews were conducted in privacy and convenience of the participant.

To ensure gender sensitivity, female data collectors were employed to interview the female participants who were the majority gender of the study, as majority of survivors are female.

**Secondary Data Source**

Action plan of the project, Project completion report, ToR between ASF & KCF, progress reports of the project, Budget and Finance reports, Audit reports, sample of IEC materials, Prescriptions and patients files in random from ASF and articles, journals, newspapers were taken into account for literature review.
4. **Data Analysis**

4.1. **Quantitative**

Quantitative analysis was done from the sample size of 53, of 646 patients. The analysis was done with SPSS 20. The result found is as follows -

A) Among the responders, 90.6% was female and 9.4% was male.

![Pie chart showing 90.6% female and 9.4% male responders.]

B) Range of age of the responders was from 18 years to 65 years, and **86.8%** responders were within 18 to 50 years of age.

![Pie chart showing age distribution with 86.8% within 18 to 50 years.]

25
C) Area of work: Professional 11.3%, Non-professional 83%, Student 5.7%

D) Marital Status: Single/never married 9.4%, Married 64.2%, Separated 15.1%, Divorced 1.9%, Widowed 9.4%

E) Place of service: ASF hospital 73.6% & ASF Outreach Medical Camp in Districts 26.4%

F) Services attained:
Medical treatment + Physiotherapy + Psychotherapy 66% & Medical + Psychotherapy 34%

Perception of Quality and Effectiveness of the project activities

G) Competency of ASF medical team:
90.6% responders believe ASF medical team is very competent.

H) Satisfaction with the services of ASF medical unit:
90.6% responders are completely satisfied with ASF medical unit.

I) Importance of ASF Hospital services for acid burn patients with consideration of availability of government hospitals in every district.
88.7% responders think it is very important to continue ASF hospital services.

J) Usefulness/Need of outreach programme in districts with comprehensive care:
71.7% considers ASF outreach programmes in district level are very much needed.

K) PHYSIOTHERAPY

- Helpfulness of Physiotherapy in regaining functional ability: 96.2% Regained functional ability.
- Understandability of the instructions to continuing therapy: 94.3% found the instruction by the therapist to be clear.
- Further necessity of therapy:
  81.1% feels more sessions are necessary, 11.3% does not need and 7.5% is not sure.
L) PSYCHOTHERAPY

- Effectiveness of the psychotherapy session: 96.2% found the therapy to be helpful
- Duration of sessions: 88.7% found the time allotted was satisfactory
- Reduction of stress level: 92.5% felt reduction in stress level
- Necessity of further session: 90.6% feels the necessity of more therapy

M) With services from ASF, the progress achieved so far in a scale of 1 to 5, 1 being least and 5 being most.

26.7% marked 3, 37.8% marked 4 and 35.6% marked 5

EXCLUSIVITY OF SERVICES

N) Except for ASF, 96.2% patient was never evaluated for Physiotherapy. Other 3.8% was told by local doctor about the need of psychotherapy, but never received any.

O) Except for ASF, none of the patient was ever evaluated for Psychotherapy; neither has received Psychotherapy from anywhere else

* 60% patients had more than 2 sessions with ASF therapist, rest had sessions singular or twice

P) 94.3% responders would recommend other survivors to go to ASF for maximum treatment facilities.
**OPINION ON ASF/AREA OF IMPROVEMENT**

Majority responders have asked for financial support and rehabilitation. None had any comment on treatment related issues.

**GENDER SEGREGATED ANALYSIS**

In context of Bangladesh, acid violence is an act which is particularly considered as violence against women. Even though there are male victims, majority victims are female (90.6%). For that reason gender segregated analysis was run. The result did not show any significant difference between responses of a female or male survivor. The reason could be the result of only 9.4% male responders.

**4.2. Qualitative Data Analysis**

Qualitative method was partaken as the means to obtain data from people who were engaged for the delivery of services of the project activities.

Among them were a Physiotherapist, a Psychotherapist, a nurse, finance personnel from Acid Survivors Foundation, 6 specialist surgeons and 3 nurses of burn care from four government hospitals where support services had been rendered, and Additional Deputy Commissioner of Police from Victim Support Center of Bangladesh Police.

Each of the medical personnel participated in qualitative data collection were directly involved in the medical services provided by ASF and specialists from Government hospitals has represented either as a supervisor for support services and/or as facilitator of training session on burn care management.

**Participant from Government facilities**

6 consultants of Burn & Plastic surgery and 3 nurses from 4 support services – SHNIBPS, ShSMCH, MMCH & KMCH;
Additional Deputy Police Commissioner, Women Justice and Investigation Division, Victim Support Center of Bangladesh Police, Dhaka.

[Note: - Patients of burn units of government facilities are not usually victims of violent burns, but mostly of accidental burns.]

- SHNIBPS is the only government run burn facility with physiotherapy services. That is why ASF physiotherapy support was not necessary there.

- ShSMCHBurn & Plastic Surgery has a ratio of more cases of plastic surgery than burn. Because of its vicinity to SHNIBPS, most burn patients seek treatment in SHNIBPS as it is the biggest burn care facility of the country.

- Victims of victim support centers were not burn survivors, but victims of various crimes and are sheltered by Bangladesh Police’s Women Justice and Investigation division. For that reason, physiotherapy support was not necessary there]

Analysis

❖ From implementing partners/key persons of Government facilities

With confirmation of the participants’ direct involvement with the project activities, inquest was made with a semi structured questionnaire. Analysis based on their response are as follows –

❖ Quality of the services

Physiotherapy –

It was undoubtedly expressed that the physiotherapy sessions offered were excellent in quality. The physiotherapists from ASF are deemed highly qualified with specialization in burn care. Apart from the therapy sessions, the therapists were highly acclaimed for their role in training session of Essential Burn care management. It was also mentioned that they were highly accomplished in communicating with the patients and in instructing the patient for the continuation of the therapy. They also had expertise in the use of alternate available materials for splinting and other essentials in a low resource setting, and were very enthusiastic in sharing the knowledge with local staff and patients. All three hospitals where physiotherapy support was
provided were completely satisfied with the quality of the service they received. The ASF physiotherapists were held in high regard not only because they were the only ones available in those hospitals for burn specific physiotherapy, but for their extraordinary excellence as well.

**Psychotherapy –**

Psychotherapy was offered in all five government facilities. All implementing partners found the quality of service to be excellent. As this is a branch of health care which is still considered new in Bangladesh, the response from the implementing partners was no less than overwhelming. The psychologists were extremely expert in introducing themselves and building a rapport with the patients. Even with the unfamiliarity with the concept of ‘psychotherapy’, the therapists were aptly able to connect with the recipient and ensured a quality session.

➢ **Effectiveness of the services**

**Physiotherapy** – Physiotherapy is a vital part of treatment for burn patient. Hence, ensuring its effectiveness is crucial to have a good outcome of the treatment process. According to a participant, 80% of burn patient needs physiotherapy. Participants considered the physiotherapy sessions effective, even though the outcome which could define the effectiveness could not be measured. As most of the government hospitals do not maintain a proper database of the patient, the outcome of physiotherapy in a patient was not measured in follow up visits. According to one participant – “There is no scope for follow up and for that reason patients’ progress could not be measured, but still this infrequent service is better than no service at all”.

**Psychotherapy** – The effectiveness of the psychotherapy offered in SHNIBPS had been the only service that could be measured accordingly as each patient received all necessary sessions due to regular visits by a therapist in that facility. According to the participant from SHNIBPS, with the therapy sessions, patients were able to come out of post-traumatic stress disorders and suicidal thoughts. This positive outcome proves that the therapies had been highly effective. For the other facilities the outcome or effectiveness could not be specifically measured because of the lack of follow up. Yet, many participants consider the session to be effective as the patients seemed to be able to have some relief immediately after the session. For victim support center, the scenario
had been rather diverse as the recipients and the setting was different from the rest and according to the facility, they had been expecting more diverse result from the therapy.

➢ Positive changes directly linked to the services

Due to the lack of medical database and low resource setting, progress of a patient is not monitored as it is required. Many times, patients are lost in follow up as well. Added to this has been the factor of one patient receiving a single session (except for SHNIBPS). In this scenario even though service sessions were considered of good quality and effective, outcomes are not easily measured. However, some of the participants believe some positive changes have surely occurred in some patients which could be directly the result of physiotherapy and psychotherapy sessions offered by ASF therapists. In SHNIBPS, where one patient received multiple psychotherapies did show remarkable outcomes that could be measured. According to SHNIBPS participant, many patients came out of suicidal thoughts and post-traumatic stress disorders with the help of the therapists. It surely was a definitive success and suggestive of other unmeasured successes.

➢ Impact of the services on survivor’s family & society

It is imperative that wellbeing of an individual person conveys effect on his/her family and subsequently to the society. Surely the physiotherapy which reduces disability and psychotherapy which allow the patients’ mental wellbeing has a remarkable impact on survivor’s family & society through the progress of the patient. This is how the participants commented on the impact of the services on a family & society of a survivor.

➢ Area of Capacity building

According to the participants, capacity building is the area where ASF can continue working on. It could be in the form of training physiotherapists in burn specific care, arranging regular workshops for updated burn care for nurses and physicians across the country. Through them our health system can have more efficient personnel in treating burn patients by initiating effective treatment at the beginning. The essential burn care training organized by ASF was highly praised as the workshop enables young professionals to aptly treat a burn patient in a low resource
setting. However, some participants mentioned that the language became a barrier for some of the nurses who attended the workshop.

“Treating the burn in first 24 hours is essential for reducing further damage and promotes recovery. EBC training is helping medical personnel to manage the burn as quickly as possible in a short period of time.”

- **Sustainability of the services**

Effect of the services provided will sustain through the wellbeing of the patients. Patients who regained mobility, patients who were relieved from mental trauma will keep benefitting from the services they attained throughout their life.

Sustainability of the services after the project is another issue. Because of the current organogram of the institutes, there are no options for the government facilities to hire physiotherapist and psychotherapist for the burn units. Without ASF, there will be no physiotherapists or psychotherapists working on any of the burn units, except for SHNIBPS physiotherapy services. However, Victim Support Center is supported by psychotherapists from other Non-governmental organizations, and psychotherapy there can and will be sustained even after ASF withdraws.

- **Area of Improvement**

All participants unanimously mentioned that the area of improvement of the services is to increase frequency of the visits. Only ShSMCH mentioned that because of the low number of burn patients in their facility, they are satisfied with their once a week visit of therapists. All other hospitals mentioned that more frequent visits are absolutely necessary for more positive changes and impacts.

- **Relationship between NGO and Government facilities**

Participants representing Government facilities stated that the relationship between the two kinds of organization have been a good working relationship. There has been no conflict of interest or any other issues that could directly hinder the services offered for the survivors. But it was
imperative that if there could be a better understanding between the decision makers, it would have been of easier for the employees who are in a straight line providing the patients.

➢ Overall impression

All participants declared that the work done by ASF has been significant in management of a burn survivor. Not only the excellent quality of therapy sessions, the therapists of ASF are considered kind and patient with patients. In countries like Bangladesh where health care professionals are considered to be hierarchical and are accused of having behavioral issues with their patients, this remark on their attitude is definitely a major positive point and could be a setting example for others.

➢ From the ASF staff

Staffs of ASF who were interviewed mentioned that the completed project was conducted in the best possible way in many regards. They had been briefed about the project objective at the beginning of each activity. They believe the quality of the service they have provided were worthy for burn survivors. Concerning the effectiveness of the service they echoed the experts from the government facilities. The outcome could not be measured because of lack of adherence in those places. But patients of ASF had been monitored in regular intervals and measured. With repeated sessions and patient compliance, the outcome was promising. The main challenge working on other facilities was the setting or environment. In outreach programmes and in some hospitals, privacy was not possible to maintain properly, which was definitely the biggest obstacle to all of the services. The staffs were fairly satisfied with the help and support from administration. Upon asking what they could do differently, they only mentioned of increasing the frequency of the visits to the government facilities could have ensured more effectiveness of their service. The relevant staffs stated that response and reception from the personnel of government hospitals had been very cordial and supportive. According to the staffs, the major area of improvement has to be more frequent visits. In order to be able to do so, more staff would be necessary. They also believe that incorporating them in designing a project could be helpful for both administration and staffs. Shortage of staff in the hospital is of great concern of the existing staff as they have to pull of extra duties. It was also mentioned that prompter response
from administration and finance department will increase the efficiency of the hospital in many folds.

4.3. Analysis of secondary data

This analysis was based on the comparisons of the ASF’s action plan for the project in contrast to the project completion report.

During the project period, ASF has identified 47 new incidents of acid violence where 58 victims were affected. Among them, 40 victims came to ASF to be adopted.

Survivors of acid and other burn violence received direct treatment supports (surgery, medicine, physiotherapy, psychotherapy & counseling): ASF planned to provide holistic medical supports where they mentioned this support as medicine, surgery, treatment, food, hospital supplies/instruments, etc. The targeted was to provide 350 patients with 800 holistic burn care supports in the 2 years action plan and they have achieved the goal in a satisfying way where they provided 748 supports to 328 patients.

[Note: ‘supports’ is defined as the cumulative number of all the services rendered]

Psychological and physical health supports: ASF estimated a number to provide the services, 2500 psychotherapy supports to 250 patients and around 70 patients would receive 1500 physiotherapy supports from ASF hospital. ASF hospital provided 129 patients for 1130 psychotherapy sessions and 98 patients for 1123 physiotherapy sessions. ASF also arranged the psychological and physiotherapy support by collaborating with the 4 govt. medical college hospitals and the Victim support center of Bangladesh police. Before launching this project ASF assumed to provide 250 patients 300 sessions of each psychotherapy and psychotherapy at govt. medical hospitals. During this project, total 721 psychotherapy sessions were provided to 558 patients. Total number of physiotherapies was 101 sessions to 101 patients.

Referral to Govt. medical colleges: According to action plan ASF targeted to refer patients to the govt. medical hospital as per their needs. During this project period ASF referred 360 patients to the Govt. medical college and hospitals providing them cost of treatment where 10
patients admitted to the govt. hospital for 14 times. Other 350 patients were referred to the govt. medical for 480 times.

**Organize outreach programmes:** The target in the action plan was to arrange outreach programme in 8 districts for 16 times in these 2 years. ASF also targeted to reach 320 patients through this outreach programme and they successfully achieved it. They reached 318 patients (Male-81 & Female-237) through these outreach programme during project period. ASF also referred patients who needed further treatment in these programmes.

**Capacity building:** ASF planned to train 5 of the acid survivors making the pressure garments for the victims. They trained 5 of the victims for 9 months and recruited two of them in the ASF pressure garments outlet.

ASF targeted and organized 4 ‘Essential Burn Care (EBC)’, 2 Refresher EBC trainings, 1 ‘Updated Burn Care Management’, 1 Refresher Updated burn care training, 1 ‘Case Management’ training and 1 refresher case management training for the burn care professionals to strengthen their capacities with skill and knowledge to maintain a good standard of care at their respective hospitals. A total of 139 (Male-55 & Female-84) burn care professionals participated in these trainings.

ASF also conducted 3 out of 4 Coordination meeting they targeted with the burn care professionals in these two years. The participants were from SHNIBPS, ShSMCH, MMCH, Bangladesh society for burn injuries (BSBI).

**IEC materials:** ASF estimated to develop and disseminate 14000 IEC materials to reach and aware more patients and victims. Therefore during these two years of project time they developed 13500 IEC materials including 1000 posters, 6000 leaflets, 6000 vouchers and 500 referral slips.
### Finance

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<th>Sector</th>
<th>Budget</th>
<th>Expenditure</th>
<th>Balance</th>
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<td>Direct treatment supports</td>
<td>BDT 11,246,800</td>
<td>BDT 11,865,368</td>
<td>BDT 6,18,568</td>
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<td>Patient Outreach Programme</td>
<td>BDT 752,000</td>
<td>BDT 696,166</td>
<td>BDT 55,834</td>
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<td>Improved quality Pressure Garments</td>
<td>BDT 1,810,463</td>
<td>BDT 1,329,891</td>
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<td>BDT 352,300</td>
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<td>of Healthcare professional</td>
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<td>BDT 10,395</td>
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<td>Administrative cost</td>
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**Note:** Figures are Subject to change after the completion of no-cost extension period of 3 months.
Few quotes from survivors

“nurse Eti herself is like a medicine”

“ASF is a blessing in a survivor’s life”

“Nobody ever in this hospital mistreated me”

“ASF feels like a ‘mother’ to me, providing and protecting”
Case studies

As the society is still into objectifying female gender, an act of violence which creates disfigurement in a female has much greater impact in her life. 30 year old Jesmin, who was the victim of a violent acid attack by her husband over a simple household quarrel, cannot even face her youngest kid anymore. The disfigurement of her face is so gruesome, that her own kids are scared of her.

Identity crisis is not the only problem a woman faces because of disfigurement. Along with it comes the change in relationship dynamics with her family, change in her professional area due to the stigma and in terms of her working capacity as well. Jesmin was a handicraft worker who used to make belts and purses with her husband, but after the incident she had to leave everything since she cannot see properly anymore. Also, even though she was working, it was under her husband’s supervision; she had not been empowered to take the reign of her work and income. As her eyesight has been impaired after the incident, it is not easy to find a suitable job. Her disfigured profile has been an obstacle too. She needs to go through several episodes of surgery to get her eyelids, nose and mouth to become fully functional.

Broken dreams of her own and of her loved ones are challenging as well. Being seen as a different person suddenly is no less distressful than the traumatic event that occurred due to violence. Coming from a low socio-economic background, Jesmin had to send all 3 of her children to 3 of her siblings. She no longer has a place of her own or a source of income since she is incapable to work after the attack. Not only that, the social stigma makes coping up with all these extremely difficult. Surviving something as traumatizing as this is particularly difficult in a patriarchal society where people refer to act of violence to portray power.

With all these complexities, an acid survivor needs more than just the treatment of the wound. Treating and healing both mentally and physically is important for the survivor. The psychological support during the transition period is extremely vital to determine a healthy recovery. The constant self-doubt and sufferings must be healed through treatments which go beyond just a surgical procedure.
26 year old Ripa got married 5 years back with much festivity, joy and dreams. At the age of 21, she had the regular vision of a loving husband, caring in-laws, kids and relatives summing up into a happy married life. Unfortunately within the 8 months of her marriages her-in-laws started putting tremendous pressure on her family for dowry which resulted in an acid attack. They forced acid in her mouth which burnt her mouth, throat, and stomach. After that forceful ingestion of acid she was first taken to the local hospital where she didn’t get appropriate treatment because of lack of infrastructure. Later she came to ASF and after treating her primarily ASF recommended her to the National Institute of Diseases of the Chest & Hospital for specialized treatment. There she got a surgery done and a feeding tube was inserted in her intestine. This put an end to her natural food consumption process through mouth. Now, her food needs to be liquid as well as nutritious. Her treatment has become a continuous process which has to be motorized and followed up by time to time. Even though her family tries the best to keep up to her need of special attention, it is difficult to continuously maintain the effort as they are also not that much well off. To maintain the effectiveness of the treatment she visits ASF regularly. ASF is also providing all the treatment as per her requirements with utmost care & sensitivity. She thinks that ASF is playing a vital role in her and without the support services from ASF she cannot sustain in the long run. She considers ASF as her family for the affection and care she receives from the medical staff.

As for her life, she believes it’s a blessing that no visible mark is left in her face of the acid attack. The feeding tube remains under her clothing and she can be a regular person in a crowd. Along with counting that blessing, she pines for a regular life. Not being able to eat or drink has become a lifelong curse which torments her. Yet, she remains positive that someday life will become more meaningful to her.
5. Discussion of key points

- Acid burn survivors & Acid Survivors Foundation

Acid is a highly corrosive chemical that has a catastrophic effect on human flesh. It causes the skin tissue to melt, often exposing the bones, sometimes even dissolving the bone. When acid attacks the eyes, it damages them permanently. Many acid attack survivors have lost the sight of one or both eyes. But 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. Most stop their education or work during the lengthy recovery period or beyond, due to disfigurement. Acid victims are often left with no legal recourse, limited access to medical or psychological assistance, and without the means to support themselves as acid violence rarely kills but invariably causes severe physical, psychological and social scarring.

Acid violence is a worldwide phenomenon that is not restricted to a particular race, religion or geographical location. Acid violence not only damages victims physically and emotionally, it also carries disaster and long-term effects on their personal, economic and social life. Their livelihoods and futures face irrevocably damage. They become vulnerable to legal and economic destitution. The possibility of getting a sound education is greatly shortened. The financial burden becomes enormous for the survivors and their families. It is seen that most of the acid victims come from lower socioeconomic background. From a survey conducted in 2010 in Bangladesh, 60% of victims’ families made less than Tk. 5000 per month (around $71 USD). (Rehabilitation and development, 2019)

The objectives set by ASF were to aid in all aspects of rehabilitation and deliverance. Their services covered medical treatment to psychological counseling and also skills-based training as a means to a better livelihood. ASF offered its survivors the support they needed to reintegrate into society, back into their communities, and to continue their education and search for a decent livelihood. Furthermore, it aimed to bring all victims to a state where they would have the agency, skills, and mental fortitude to start their lives a new.
In these cases, ASF treated the patients with physio and psychotherapy which in many cases restored their physical ability and eradicated their mental trauma. These patients were rehabilitated in their normal social life.

During 1999-2019, nearly 3788 persons were acid attacked from 3409 incidents (Statistics, 2019) where most of them are from lower socio-economic background. So, the major goal of ASF is to provide holistic burn care services to the victims at ASF Hospital (Including medicine, surgery, treatment, food, hospital supplies/instruments, etc.). Survivors often faced social isolation which further damages their self-esteem and socioeconomic status. These traumatic events prevented many victims from living independent lives resulting in a situation of vulnerability and dependency. In this scenario, survivors’ potential remained unrealized and their contribution that could be directed to the betterment of society is underutilized.

Over the years the health sector has witnessed a demand supply mismatch attributed to a couple of factors. The private sector has served as a catalyst to deliver these services to the people by ways of greater efficiency, better management skills and focused strategies and stronger resource base whether in terms of monetary resources or human resources. In case of monetary resources, Public-private projects allow government funds to be redirected to other important medical sectors by increasing the efficiency of government investment. Not all the hospitals in Bangladesh have a burn unit and those that have often do not have physiotherapy and psychotherapy services. There are a lot of burn patients who require physiotherapy as they otherwise cannot operate their limbs properly and many are in need of psychotherapy for treating the mental trauma that they have experienced. Here as a private project ASF tried to meet the demand with efficiency.

- **ASF HOSPITAL**

  Acid Survivors Foundation started its journey on 12th may, 1999, but the hospital unit was initiated in 2001. With the support of Kadoori Charitable Foundation, a 20 bed fully equipped facility was established at the Centre for the Rehabilitator of the Paralyzed (CRP) and set off for a journey towards providing holistic burn care services.
Hospital protocol: The hospital protocol is in its finalization stage. Developing the protocol was also an activity of this project, which is assumed to be done in the no-cost extension period, which is till 30th June 2019.

Accessibility of the hospital: As ASF carries out the travel costs for all patients, the hospital can be considered accessible to all survivors.

Hospital capacity: ASF hospital is a 20 bedded hospital with separate wards for male and female, one operation theater, post-operative ward and a dressing room.

Hospital Personnel: For the duration of project period, the hospital had only 2 physicians employed. Which is considered severe staff shortage as it is a rule to have 6 physicians for a 20 bedded hospital. Instead of the recommended 12 nurses, the hospital only had 6, including operation theater nurse.

ASF employed 3-4 part time physicians to ensure presence of a doctor round the clock in the hospital. Albeit the shortage, all staff were qualified following the government licensing rules. All are all well trained in taking care of acid survivors and their service had been much appreciated by the patients.

Quality of clinical services: Quality of the clinical service can be considered very well bearing in mind that staff numbers were severely short. Low turnover of patient ensured optimum care, but with heavier load can cause exhaustion among staffs which could have led to falter the treatment quality.

Canteen services: Canteen services of ASF hospital is noteworthy component. The food provided is more than adequate to maintain nutritional requirement of a burn patient. The menu is protein rich and altered according to the need of individual patients. Patients also seem happy with the serving size and quality of the food.

Death rate/incident rate: Death rate of the hospital remained zero. As the hospital does not have ICU, critical patients are referred to other hospitals with ICU facility. Infection rate is not tabulated in the hospital.
Waste management: ASF follows standard waste management for medical waste through a medical waste management company.

Documentation: Documentation in ASF is maintained in many layers including records for administrative, finance and medical units and kitchen as well. Random checks on handover and documentation revealed a well maintained system. Patient database is established for victims of acid attacks.

Legal support: Medical certificate is provided for legal purposes and ASF doctors appear as witnesses in the court whenever the need arises.

Observation

A standard hospital protocol has to be established and must be made sure that all staff are following it. Satisfactory number of staff must be employed in the hospital. Regular training sessions and evaluation of performance is mandatory. Infection rate must be tabulated and maintenance of sterility must be ensured through regular inspection. Routine pest control needs to be introduced. Documentation system could be reformed in a way where less paper is used to avoid wastage. Patient database needs major upgradation as contact numbers of several patients is found to be invalid. Admission criteria need to be well established and treatment support provided with according justification has to be ensured. Nursing station could use better reinforcement from finance and prompter response to maintenance work of hospital would be beneficial.

PHYSIOTHERAPY

Physiotherapy is an inevitable segment of the healing process of burn injuries. A wide range of techniques are used by qualified psychotherapists of ASF including different stretching messages and exercise as the part of treatment process. ASF has two physiotherapists and both involved in therapy sessions at hospital, Govt. support services, EBC training, Pressure Garments and outreach programmes. A standard protocol is followed for the physiotherapy for the patients.

According to ASF psychotherapist, a patient with serious immobility needs at least 4 to 5 sessions to learn the procedures to continue therapy at home. Physiotherapy helps a person to regain functional mobility of joints and limbs. With functional mobility comes the chance of
earning living hood which can make a person financially independent and can save a family from ill fate.

Practice of physiotherapy is still scarce in Bangladesh. Even though the government hospitals have a department of physiotherapy, the burn units except for SHNIBPS do not have burn specific physiotherapy supports.

**Observation**

*Government hospitals where physiotherapy is provided could be chosen more critically as there seems to be an unbalanced need and frequency. In outreach programs, lack of privacy has hindered service delivery.*

❖ **PSYCHOTHERAPY**

Acid attack leaves a person not only disfigured for life but also inflicted by an emotional loss which is barely reparable. In ASF, regular counseling is provided by professional psychologists and counselors to rebuild confidence, strengths and courage of these survivors’ so that they can find their own path to recovery. Not only to the victim ASF have psychotherapists also attended the family of the victim for family counseling. Group therapies are conducted every week with the hospital patients to encourage social interaction.

ASF has two qualifies psychotherapists. Both of them work with the hospital patients, attend the support service facilities, and attend outreach programmes and training sessions by turn.

ASF follows a set protocol to provide the therapies. Each patient has 40 to 50 minutes/session with the therapist. In outreach camp the session was around 30 minutes due to time constraints. For family counseling the session time can take up to 2 hours. Initially, patients are given Psycho-education and evaluated with psychometric tools (scales of Anxiety-Depression-PTSD). Social skill training is also offered to some patients. Patients are referred to Psychiatrists if necessary.

Even though ASF has a peer counselor for counseling services, according to therapists, counseling has never been adequate for a patient, but all survivors need to go through psychotherapy at some point.
According to ASF psychotherapist the project is deemed highly effective and impactful for not only the patient, but to the families and society as well.

**Observation**

*More practical approach with recommendation of psychology practitioners could be set as targets. Further evaluation tools could be of use. Privacy and environment for psychotherapy sessions in government facilities and outreach camps should be improved.*

**IEC MATERIALS**

Information, Education and Communication (IEC) material is one of the approaches which attempts to change or reinforce a set of behaviors in a target audience regarding to specific problems in a predefined period of time. IEC materials can modify peoples’ behavior to achieve that desire state. It increases reach of services; improve quality of services; create awareness, knowledge and attitude and moreover it is not expensive. During the project funded by The Kadoorie Charitable Foundation, ASF developed some IEC materials. As most of the victims are from lower economic background and illiterate, they have less access to knowledge regarding health issues.

A poster developed was about the most important first aid after acid attack, pouring water to that burnt portion of body. ASF developed 1000 posters to spread the information.

Leaflet was developed about the usage of pressure garments. These leaflets were distributed in 4 burn units of support services. The goal was to promote patient compliance regarding pressure garments and to promote individual change as well as the broader community behavior regarding use of pressure garments in burn care management. It was noticed that many patients came to collect pressure garments from ASF by being motivated through IEC materials. It was an effective attempt to facilitate the knowledge and understanding of this issue.

ASF developed 500 referral slips for hospital use through which ASF provides their direct medical support. 60 poster frames on burn related issues have developed during this period, and ASF has already been taken initiatives to disseminate these at the govt. hospitals.
Brochures for healthcare professionals were developed with updated burn care management protocol. The brochure is printed in good quality paper and the language and illustrations are also very easy to follow. This brochure is much appreciated by the professionals.

All materials are written in simple language with illustrations which everyone can understand easily. Upon testing the materials, response of general people towards those were positive.

**Observation**

Dissemination could include wider geographic area. More posters on prevention would have been appreciated.

**ESSENTIAL BURN CARE TRAINING**

ASF arranged several EBC training sessions where 99 medical personnel attended the sessions. This training helped healthcare professional to develop their skills and knowledge on essential burn care. It helped to manage the burn as quickly as possible in a short period of time. During the project period, ASF organized 4 Essential Burn Care (EBC) training to strengthen their capacities with skill and knowledge to maintain a good standard of care at their respective hospitals.

The guideline followed was formulated by Interburns – UK & Wales, a much acclaimed international organization to develop burn care management in low resource countries.

**OUTREACH PROGRAMMES**

One of the main concerns of the project was to organize outreach programmes in districts where treatment facilities are not well equipped for the survivor and victims or locals are not aware of the acid violence & its consequences. ASF works to engage both government & civil society for creating a friendly environment for the survivors. It also considered as a platform to raise awareness against acid violence, legal & social consequence of acid attacks and disseminate relevant information on what to do where to go for help if an attack happens. Also, what services ASF provides to the victims and survivors one can know by joining the programme. ASF had successfully arranged 16 outreach programmes in some preselected districts such as: namely Dinajpur, Bogra, Narsingdi, Sirajganj, Satkhira, Comilla, Mymensingh and Netrokona. Medical
teams were formed from the multidiscipline of ASF consisting of a doctor, psychologist, physiotherapist, nurse and case manager. After that, they were sent in these 8 districts to provide not only medical services but also screening of further treatment needs by the victims and survivors. Two outreach programmes were held in each districts and each of the Outreach programmes consisted of 2 days. From the statistical report we found that 318 survivors (Male-81, Female-237) received services there. They were provided with need based treatments, physiotherapy & psychotherapy supports (including medicine) to the local survivors. From these outreach events, a total of 117 patients were screened who were needed further surgical treatment. They were requested to contact with ASF Hospital for further treatment. Even though a lump sum amount of transport cost was provided some of the survivors missed the services; especially victims from remote areas were not capable of attending the outreach programme for due to higher travel costs. This issue needs to be taken care for in future.

**Observation**

*Privacy for examining a patient needed to be ensured in the venues. Transport cost of each patient could be accordingly for each rather than a fixed sum for all.*

- **PRESSURE GARMENTS**

The most sustainable component of ASF services till now is pressure garments. The pressure garments production centre was started in 2001. They not only provide pressure garments to acid-victims but also to other burn patients. According to a burn specialist of a government hospital, “The quality of pressure garments is impressive and the prices are affordable. The patients can collect and even resize the pressure garments according to their need in ASF outlet right in the hospital which is very convenient. Moreover the staffs working (e.g. tailoring, selling) in these outlets are burn survivors and act as inspiration to patients”.

Pressure garments is a special garment worn by the burn patients for conducting compression therapy on the scar tissues. Pressure garments are an important component of a burn patient’s rehabilitation programme. They exert pressure over healing burns and grafts once they are durable enough to tolerate the shearing that occurs from the fabric pressed against the skin. This compression minimizes the development of scars by interfering with the production of collagen and helping to realign the collagen fibers. There are several benefits of using a pressure garment
such as protecting fragile skin, minimizing itching and pain through vascular support, reduction of thick and hard scar tissues. Pressure garments also helps better circulation of damaged tissues. Pressure garments are custom made accordingly as there are variations in body to fit a patient perfectly. If a pressure garment is not fitted to the body perfectly, it will not be able to press the scar tissues well enough to promote betterment.

In Bangladesh, there is a significant number of burn patients and they often require custom made pressure garments. Unfortunately there is an inadequate supply of custom-made pressure garments in contrast to the needs of the patients. The price of the pressure garments is often high and patients coming from lower economic situation are unable to afford them. Here the service of ASF comes to the patients as a blessing.

The adopted patients in ASF receive pressure garments free of cost. 80 survivors have received 164 items of pressure garments from last two years. Moreover, ASF also sold 847 items of pressure garments to 583 patients in an affordable price to burn victims. ASF generated BDT 1,651,700 from the sale of these PG items so far. This money was further used in pressure garments sector (PG operator’s salary, transport cost, materials & accessories, etc).

ASF runs 2 outlets in government facilities - ShSMCH& SHNIBPS and one in ASF hospital. The outlet in ShSMCH is set up with the help of KCF project. Under this project, ASF has also created jobs and scope of rehabilitation for survivors by training 5 survivors. All the trainees were paid fully during this training period of 9 months. 2 out of 5 trainees are recruited by ASF. A market promotional officer was recruited for promoting the pressure garments and to raise awareness.

ASF produces 23 items of pressure garments and pricing varying from Tk. 800 to 4500. Pricing of ASF is 6.7% to 12.5% lower than the other 2 main companies in market of Bangladesh.

80% patients are found to be satisfied with the quality of the pressure garments. As ASF uses imported soft Lycra materials for pressure garments whereas other companies use hard Lycra, the comfort level is much higher. About 80% patients are satisfied by the quality of pressure garments.
From the ShSMCH contact persons’ point of view, the outlet in their hospital has been a much appreciated initiative. They are referring the patients for ASF pressure garments and because of the outlet in the hospital, patient compliance regarding acquiring pressure garments has peaked. Also because all workers in Pressure Garments are survivors themselves, they are extremely patient and supporting in counselling and inspiring the patients for proper usage.

It was reassuring to know from the ASF staffs that they do not compromise with the quality of pressure garments. The overall initiative of producing and distributing pressure garments has been proved very inspiring and useful. Sustaining this only income generating activity of ASF is promising but it might prove difficult to continue or keep its price in affordable range as most of the products are still charitable. A possible and effective way could be to make it an independent project from where ASF will buy the products through a separate fund for its beneficiaries.

**FINANCE**

The total budget from April 2017 to March 2019 was BDT 36,863,843 through KCF. Total expenditure during the same time duration was BDT 31,063,901. Therefore, total balance is BDT 5,799,942. That is 16% of the total budget, which did not have to be spent due to ASF’s very careful and rigorous planning and efficiency. The total balance is significant and is now utilized as no cost extension of the project.

In addition to the efficient expenditure of the total budget, sectoral budgets were maintained successfully too. The only sector where expenditure exceeded the total budget was providing direct treatment supports such as surgery, medicine, physiotherapy, psychotherapy and counseling to acid and other burn victims. The total budget for this sector was BDT 11,246,800 while the total expenditure was BDT 11,865,368. Therefore, the total expenditure exceeded the total budget by BDT 618,568, which means 5% of the budget. This happened mostly because of higher than expected costs in preoperative expenses and operational theatre's instruments and linen. Since the number of patients who will need direct support like surgery cannot be determined in advance, it is very normal to have to provide treatments to more patients than was estimated during the preparation of budget. Since the actual number of patients was indeed higher than previously estimated, more money had to be spent to provide direct treatment support.
From the improved quality Pressure Garments sector, BDT 480,572 was saved from the total budget of BDT 1,810,463. The main factor behind this was that much less cost was incurred for setting up Pressure Garments unit than previously thought.

30% of the total budget for Enhanced updated knowledge and skills of Healthcare professional to address quality burn care was not spent. This happened mostly because venue and related costs, and materials and logistics required less expenditure. Moreover, carrying out coordination meetings with burn care professionals was also incurred less costs than expected. Thus BDT 813,300 from the total budget of BDT 1,165,600 was spent in this sector.

Developing and disseminating IEC materials (brochure, leaflets, posters, etc.) for raising awareness of the people on burn care management was also less expensive than its allocated budget where BDT 52,653 was saved from BDT 172,800. Therefore, the programmatic cost (sum of all the sectors mentioned above) was BDT 14,824,872 against its budget of BDT 15,147,663. Thus BDT 322,791, which is 2% of the budget, did not have to be spent.

Expenses other than the programmatic cost were also well within their total budgets. Monitoring and evaluation is especially significant because its total budget was BDT 1,282,000 and 99% of that did not have to be spent.

Project staff salary included remunerations for medical officers, psychologists, physiotherapists, nurses etc. and for a few administrative positions too. Of its total budget of BDT 16,636,798, total expense was BDT 12,751,452. Thus BDT 3,885,346, which is 23% of the budget, was not utilized. Regarding administrative expenses which covered costs of rent, equipment and repairs, utilities, communications etc. the total budget was BDT 3697382. BDT 266,200 was not utilized (7% of the budget). External audit was also less expensive than previously expected. Total budget for this sector was BDT 100,000. Total expenditure was BDT 46,000 which means 54% of the budget did not have to be spent.

Therefore, of the total budget of BDT 36,863,843, the final total expenditure was BDT 31,063,901. This resulted in a total balance is BDT 5,799,942 (16% of the budget). ASF's efficient running of the programme is laudable since a very significant portion of the budget did not have to be spent between the years April 2017 to March 2019. It is now utilized for no cost.
extension. However, from the overall summary presented above, it is clear that sectorial and intra-sectorial distribution of the total budget should be more precise. In many areas the expected expenses were very high while the actual expenses were low. Moreover, since the Project Staff were the key personnel for this project, not utilizing 23% of their salary shows that the number of staff could be increased in order to deliver better support. It is highly recommended that the budget distribution be made more precise and reflective of real expenses. The external auditors were also of the same opinion.

**Observation**

It is highly recommended that the budget distribution be made more precise and reflective of real expenses
6. **Data interpretation in accordance with specific objectives**

The study answered all the specific objectives and each objective with the evidence found for it through data analysis are as followed-

- **Relevance, suitability, appropriateness and effectiveness of the activities implemented by the project in relation to its set objectives**

It is undoubtable that the activities of the project were extremely relevant, suitable, appropriate and effective for the acid violence survivors of Bangladesh.

- **Efficiency of interventions and management carried out in terms of human, material and financial resources**

Apart from the delay in fund disbursement and shortage in hospital staff, efficiency of intervention and management carried out in terms of human, material and financial resources can be considered outstanding

- **Hospital protocol & implementation strategy, capacity & performance of Medical Staff and overall service delivery at ASF Hospital**

The overall hospital service can be considered standard, and 90.6% survivors were satisfied with the hospital stay and the outcome of the treatment procedures. The hospital protocol is in its finalizing stage.

- **Capacity and performance of Pressure garments units at ASF head office, SHNIBPS &ShSMCH Burn unit and to carry on the process initiated by the project on its discontinuation of its activities in the areas**

Pressure garments is the only area which has the capacity to continue its activity after the fund is ceased. The 3 outlets are running well and patients are satisfied with the products.

- **Overall effectiveness of capacity building initiatives**
As part of capacity building initiatives, training sessions were conducted. Those sessions turned out to be very effective and were appreciated by the participants.

✓ Community outreach events effectiveness

% survivors think community outreach events are very effective. More frequent events were requested.

✓ Accessibility and quality of physiotherapy and psycho-social services and supports given at ASF hospital, SHNIBPS, ShSMCH, KMCH, MMCH and VSC.

All facilities are accessible for all in terms of location and financial ability. ASF adopts all acid burn patients including violent burn cases of female and children and all services are provided free of cost. All other facilities are run by the government of Bangladesh and are free of cost. No bar is there in terms of any socio-demographic factors.

✓ IEC materials’ quality and effectiveness

The quality of the IEC materials can be considered good and it turned out to be effective as well. The materials are capable of playing a vital role in lowering the severity of a burn injury and disability by promoting the use of water and pressure garments. The brochures are also of extremely handy for doctors in managing burn patients.

✓ Key opportunities and constraints in the outreach events at community level

The key opportunity was surely to see patients from faraway places, constraints was the lack of privacy for therapies because of the structure of the venues.

✓ Relationship between ASF and Govt. support services

The relationship between ASF as a non-government organization and the government facilities where support services were rendered is considered to be a good working relation. Both parties are aware of each other’s objectives and necessities and their work in tandem has brought only positive outcome. More collaboration and understanding between decision makers will allow better outcome in future.
On find out the best practices, lessons learned and challenges

Two years in various activities do not actually allow learning a new practice or lesson that can be considered a better way than other. Challenges were few including dissemination of budget in appropriate time, inability to measure the outcomes of the services in patient of government facilities, lack of doctors and nurses in the hospital and lessons were learned accordingly.

Sustainability of the achieved effects and impacts in the wider environment

The sustainability of achieved effects, as they are related to a person’s health status, cannot be measured in a fixed unit. But surely with successful treatment, life altering changes happened to a survivor’s life and that will sustain for a lifetime. The effects of an activity impact not only the person, but the family and society through him/her.
7. **Words from the Project Head**

Ms. Selina Ahmed  
Executive Director  
Acid Survivors Foundation  
Dhaka, Bangladesh

Q. How important do you think this project was for ASF?

Ans. *It is definitely very important for ASF. Because our one of the major outcomes is from health aspect. This is totally a hospital and health based service. Basically biological care, psychological care, in general a comprehensive support is provided. That’s why this 20-bedded hospital. We have put a specialized effort to provide these comprehensive supports to those survivors especially acid victims and other burn patients free of cost as there lies no option elsewhere in Bangladesh. Under this circumstance, this project is supposed to be a significant endeavor where we can provide a comprehensive service and quality care.*

Q. How effective do you think the services of this project are?

Ans. *They are effective in many aspects. When we gave direct services in case of overcoming biological or psychological damage, they were effective. If we say how much effective it was, we actually made a super plan which we tried to implement timely and accurately. But we also had to focus on the resources we had. Based on context it is certainly a costly investment. But we did not apply any financial strategy to minimize the cost and maximize the outcome. We should have focused on that aspect. We had few gaps. Not everything was positive. We could have given a thought on how to make this project more cost effective.*

Q. What challenges have you encountered during the project period and what steps have you adopted to resolve it?

Ans. *One challenge we faced was delayed approval. It was an administrative challenge. Actually we were to maintain some formalities in taking attestation/approval district-based to conduct*
outreach programs in other 8 districts. But we did not take any clearance then. Due to small initiative, we did all formalities from Dhaka. We skipped that portion. As a result, we faced some complications. Later on we directly contacted our DC and with his support somehow tackled the situation. Delayed approval from NGO- Bureau and delayed disbursement of the banks caused a real hamper to this project.

There was another challenge we faced that is staff turnover. Lacking off Medical in-charge, senior officer took lead and overall responsibility in medically perspective and he tried his best. In case of others management aspect we also faced some challenges.

Q. What could be the area of improvement, if another project was to be designed with same objectives?

Ans. Based on our lesson learning, we have engaged our professionals, we have provided institutional care not only in ASF hospital but others too. We would like to focus on how to introduce the Bio-Psycho-Social integrated model in other hospitals with the help of Govt. set up and in a comprehensive manner.

Again we will try to implement the protocol properly that we developed and finalized for our hospital.

Q. Would you like to add some more comments?

Ans. We are a donor dependent organization and this project was also donor supported. Some components of this project were income generating. If we can sell some services and expand PG in a wider range through trained professionals, we think this project will become income generating.
Any forms of violence can result in subsequent trauma and other emotional and behavioural reactions. The psychological reactions to violence and aggression can lead to psychiatric disorders ranging from acute stress reactions to post traumatic stress disorders depending on the nature, incident and extent of the injury and the context of these experiences occurred. Anxiety and depression followed by burn experience are also long-term consequences that can make a person vulnerable in adjusting to his or her social and occupational life’s challenges resulting in further problems. This is especially true when a person gets exposed to burn trauma and experienced disfigurement due to burn. Although each person is unique and how a person reacts to burn experience depends on many issues, it is safe to say that all kinds of physical disfigurements due to burn can result in many forms of emotional and behavioural reactions that are conducive to poor adjustment and negative coping.

The survey attempted to identify the experience of survivors of burn trauma receiving psychotherapy and counselling services in ASF hospital and pointed out several key issues that are of importance in planning and developing programs for burn survivors in Bangladesh.

It is unfortunate to note that none of the 53 respondents have been evaluated for the need of psychotherapy and counselling prior to their visit to the ASF hospital or received such care anywhere. It is not clear whether their families are aware of the importance of such services, but it is apparent that there is a gap in knowledge and practices of caring for the burn victims regarding mental health. Needless to say, that mental health care practices are still not easily accessible to mass, or people are not aware of such services despite the effort of government and non-government organizations’ health services to establish easily accessible mental health care for the population. Thus, it is quite important that not only mental health care practices for burn
survivors need to continue to a greater extent but also to carry on advocacy and awareness programs to let community members know the importance of such service and how it can meaningfully bring positive impact. In addition, services should be made more accessible and cost effective creating more opportunity for people to benefit who are in need of counselling and psychotherapy support.

Respondents reported that they have received psychotherapy/counselling in ASF hospital but one important thing to note that almost 40% of them received only one (39.6%) or two sessions (9.4%) of psychotherapy services which is unlikely to meet the needs of such persons emotional and behavioural problems and subsequent other social and occupational challenges. It is also not clear whether their families received any forms of counselling support as the success of developing healthy coping styles and positive behaviours largely depends on the support received from the family members.

Respondents (88.7%) also reported of very high satisfaction regarding receiving the mental health care services and found the session to be very useful (96.2%). Majority of them (92.5%) reported that the sessions helped them to reduce their stress level which clearly indicated the importance of counselling and psychotherapy services and continuation of these services. Certainly, people would be more benefitted if they receive more sessions and families gets more support.

Now, the question is whether psychotherapy/counselling services provided by ASF is maintaining its standard and quality and following the criteria of a good practices. The survey didn’t explore this section much other than report from the care receivers which may not be conclusive about the effectiveness of services and might bring partial information which found to be largely satisfactory. ASF employed professionally certified and trained psychotherapists who are aware of the quality and standard of practices and very likely to follow their guidelines in establishing a effective services. But it is imperative that ASF also needs to create and accommodate conditions that are imperative for quality mental health care practices such as supervision of the therapists, regular training to update knowledge and skills, ethical and other practical guidelines and infrastructure conducive to professional practice.
ASF, as a leader in offering mental health care services for burn and acid survivors for long time. One of their strong commitments is assisting government organizations in battling with the aftermath of acid and burn violence through offering physical and psychological services to the victims and their families. It is a challenging task and they have been tenaciously putting on effort to minimize the impact through their various programs. It is imperative that they need to continue their endeavor and as a leader it is also their responsibility to ensure quality and standard of practices to set an example of best practices that other organization can learn from and replicate.
Ms. Shamima Pervin
Gender Consultant,
30 years of experience in development field.

Acid attack is the most heinous form of gender-based violence against women. In a patriarchal society, destroying a woman’s appearance can destroy her access to marriage, resources, work opportunities and education. Perpetrator’s aim is not to kill the victim but to leave her in a disastrous condition. Research findings reveal that in most cases of acid attack, the perpetrator attempted to disfigure the face of the survivor. The majority of the society considers her beauty as the most important assets. Power and control over female body is the ultimate motivation for men to acid attack. Men face rejection through violent means. Hence, a significant portion of attacks occur when a woman exercises decision-making power by rejecting a marriage or "love" proposal. The violent act is a threatening message not only to the victim, but to women in general, leaving many in a permanent state of fear.

Injuries on the body heal and leave scars not only on the body but also physically and psychologically the whole personality of the survivor affected. ASF work on restorative treatment in improving acid abuse survivors’ living standards as well as heal them psychologically. ASF worked with the survivors to reject the shame that attacks are intended to deliver. ASF also worked to change societal norms that permit men and boys to think that this is acceptable behaviour.

As most of the acid attack victims were severely affected and recovery of beauty was the next option, the priority was to make the patient functionally able. ASF also worked to make the survivors and family understand about importance of regaining functionality along with beauty.

These gender concerned work of ASF is really appreciable.
Dr. Muhammad Quamruzzaman  
Associate Professor,  
Burn and Plastic Surgery,  
National Institute of Cancer Research and Hospital, Dhaka.

As I am familiar with the medical unit of Acid Survivor Foundation for several years now, I am glad to share my opinion on the overall activity of the hospital.

The capacity of the hospital is more than optimum considering the necessity of recent years. This hospital has been delivering standard surgical care to the victims of acid attack for years. I believe that the main lacking of the hospital nowadays is staff shortage. In past two years, there have only been two medical officers employed for the hospital and outreach programmes as well. There has also been shortage in nursing staff. It is impressive that even with less man power, the staffs are always extremely cordial and caring for the patients. The personal touch they convey inspires the patients to overcome the difficulties of a lengthy treatment plan with multiple surgeries. The operation theater of the hospital is enriched with modern equipment necessary for reconstruction procedures. ASF hospital possesses instruments such as power dermatome and mesher, which are not easily available in government facilities of Bangladesh yet. The post-operative care can also be considered good. One particularly notable thing of the hospital is its canteen services. Food provided to the patient is adequate enough to meet the extra nutrition required for a burn patient. Another praiseworthy feature of this hospital is good record keeping which allows long term monitoring of the patients. For the rationality of the treatment, it can be said the prescriptions and treatment plans are fairly standard. To improve the quality of treatment, both doctor and nurses must attend training programmes and workshop regularly. As a hospital with in-patients, adequate staff round the clock is a mandatory criterion. Even though ASF hospital runs with 24 hours nursing staff and part time doctors, there is a major risk of fall in the quality of services because of exhaustion. Along with other benefits, adequate staff number can ensure rationale treatment that will also decrease irrational antibiotic usage will be low, which will in turn, cut down the costs. There is scope of improvement the infrastructure for the hospital as well. For example, a large airy surgical dressing room with good ventilation could
have been advantageous. Maintenance of sterility throughout the hospital must be ensured and reinforced to avoid nosocomial infections.

As of now, the patients are referred to various hospitals and clinics for specialist consultations for problems other than surgery. Rather, ASF should have a specific pool of consultants preferably with burn specific expertise, to whom the patients would be referred. Sustainability of the hospital could be maintained irrespective of projects if paid burn patients are accommodated. Other than that it will prove difficult to continue the maintenance of the hospital with limited duration project in future.
8. CONCLUSION - FINAL EVALUATION OF ‘DIRECT PROGRAMME SUPPORTS FOR ACID BURN SURVIVORS’

‘Direct Programme Supports for Acid Burn Survivors’ was a two-year long project funded by Kadoorie Charitable Foundation (KCF) and implemented by Acid Survivors Foundation (ASF), April 2017 to March 2019.

The project funded the ASF hospital, which included the medical treatment in a holistic manner. It also funded physiotherapy and psychotherapy as support services in burn units of 4 government hospitals and Victim Support Centre of Bangladesh Police. This was for victim support center and SHNIBPS, psychotherapy only and in MMCH, ShSMCH, KMCH for physiotherapy and psychotherapy.

The funds also covered the cost of outreach camps in 8 districts where treatment, physiotherapy and psychotherapy was offered to those in need. Capacity building was encouraged by providing training of pressure garment tailors (5 survivors were trained) and day long training on burn care management to doctors/nurses in multiple workshops in government hospitals. Information, Education and Communication (IEC) materials, developed and distributed.

The objective of the project was to assess the effectiveness and impact of the Direct Programme Support for Acid Burn Survivors and to assess the sustainability of project interventions.

We would like to describe briefly some activities and processes that have taken place as part of this inquiry and that have bearing on the preparation of this report. In the beginning, we developed a mixed method study design to understand the views of all people who were active in the project. For evaluation of the services, we have interviewed the project staff, consisting nurses, physiotherapists, psychotherapists, and finance officers. Service recipients/survivors, and key contact persons from implementing partners, such as government hospitals and VSC were also interviewed.

Semi structures questionnaire were used for project staff and implementing partners, and structured questionnaires were developed for survivors (all tools are attached). The main aim was to critically assess the project through criteria such as, success in achieving its set objectives,
relevance, suitability, appropriateness and effectiveness of the activities implemented by the project in relation to its set objectives. The efficiency of interventions and management carried out in terms of human, material and financial resources were also brought to light. Hospital protocols & implementation strategy, capacity & performance of medical staff and overall service delivery at ASF hospital were assessed.

It took into account the capacity and performance of pressure garments units at ASF head office, SHNIBPS & ShSMCH Burn unit and to carry on the process initiated by the project on its discontinuation of its activities in the areas. The goal was to analyze the overall effectiveness of capacity building initiatives, community outreach events effectiveness, accessibility and quality of physiotherapy and psycho-social services and supports given at ASF hospital, SHNIBPS, ShSMCH, KMCH, MMCH and VSC.

The project looks into IEC materials' quality and effectiveness, key opportunities and constraints in the outreach events at community level and the relationship between ASF and Government support services. The responses from different stakeholders about the outreach activities & support services helped to find out the best practices and challenges regarding the issue and establish sustainability of the achieved effects and impacts in the wider environment.

After analysis and interpretation of all data, the success of the project can be summed up through the 5 component of DAC criteria – Relevance, Efficiency, Effectiveness, Impact and Sustainability.

As for relevance, working on issues of acid violence victims is definitely relevant even though the number of attack is decreasing. Not only the new cases, but the old cases end up needing long term treatments. From the survey it is imperative that addressing the issues of acid survivors are still very much in need. The activities are not only relevant for acid burn, but for other burns as well.

The project successfully addressed the problems of the target groups by checking the project progress reports, conducting interviews and taking feedbacks from various the stakeholders. These methods of data analysis made the project outcome more efficient, and the results more relevant. The actual activities and outputs were consistent with the expected objectives from the
desired implemented & planned activities. This contributes to determining the efficiency of the project and the impact which may otherwise would have been touched on a surface level. We saw how the patient support services in different government settings are provided and how patients got benefited. The number of attacks also decreased and people are more aware of the issue. The entire project can shed light on how the process of the entire physiological and psychological support the patients received.

From the reports and interviews it was evident that the project was implemented according to its Term of Reference but did not limit the activities since they were cost-efficient in terms of budget, asset & human resources. The objectives of the project were achieved on time, within the allocated duration to run the project. The planning could have been implemented within that time frame as well, but there was an unfortunate delay due to late clearance of funds. Nonetheless, the entire project was implemented in the most efficient way compared to the other alternatives.

If we consider the sustainability of the effect the project activity has exerted, it can be considered as sustainable. Patients benefitting from the project have benefitted for lifetime and thus the effect of the project sustains through the person and impacts on families and the society.

Then again the sustainability of the activities rely highly on the donor funding since we know that without ASF, there will be no physiotherapists or psychotherapists working on any of the burn units, except for SHNIBPS physiotherapy services. It is crucial that we understand the projects need to be environmentally as well as financially capable of being sustained and together can be achieved through the support from donor agencies.
9. Recommendations

- Upgrading the patient database seems to be mandatory in order to maintain a more organized and helpful system. Database should be inclusive of all service recipients irrespective of the cause of burn.
- Ensuring adequate number of skilled medical personnel in the hospital is necessary.
- Scope of customization in the action plan & budget can be beneficial to have optimum outcome of an activity/project.
- Welcoming opinions from subject experts & technical persons in planning phase can help in making the action plan and budget more practical and will reduce the deviations from targets.
- Support service facilities can be chosen more critically and regular monitoring & evaluation work there would be advantageous.
- Regular discussion and modification as per need of the ongoing work plan would be tremendously beneficial for all parties.
- Sound and effective relationship with decision makers of government organization including NGO bureau should be established to ensure seamless delivery of services which will yield better outcome in multiple aspects.
- Strategies to eliminate or reduce dependency of the survivors on ASF can be considered for unforeseeable future.
- Extensive emphasis on burn prevention strategies should be considered in upcoming field of work.
- Pressure Garments section can be on consideration to be made into an independent enterprise. Alongside, expanding this service outside Dhaka could prove highly profitable and valuable to regional population in need.
- Physiotherapy and Psychotherapy services can consider following the strategy of pressure garments in order to be income generative.
10. References


22. Response of the Government of Bangladesh to the questionnaire on violence against women 2010; CEDAW/C/BGD/5 p. 20
11. Annexes

A. Annex 1.

Greetings. I am ________. I am conducting a survey to evaluate the effectiveness of the services you received from ASF during April 2017 to March 2019. If you agree to help, I will ask you a few questions regarding the medical services you received from ASF.

Your answers and opinions will not affect any benefits you receive from ASF as we will maintain your privacy. We will deliver the response with ASF by maintaining anonymity of the responder. If you feel uncomfortable, you can withdraw from the survey any moment.

Should you agree, I will start the survey with a structured questionnaire.

B. Annex 2.

Structured Questionnaire for the recipient of ‘Direct Programme Support for Acid Burn Survivors

<table>
<thead>
<tr>
<th>Serial No:</th>
<th>Interviewer:</th>
<th>Date:</th>
</tr>
</thead>
</table>

2) Age: 
5. Widowed

6. Prefer not to mention

5) Did you attain any medical services by ASF during the period of April 2017 to March 2019?

1. Yes               2. No

6) Where was the place of service?

1. ASF hospital       2. ASF Outreach camp at your area       3. Other _____

7) What services did you attain?

1. Medical treatment + Physiotherapy + Psychotherapy
2. Medical + Physiotherapy
3. Medical + Psychotherapy

8) Apart from ASF, have you been evaluated for the need of Physiotherapy?

1. Yes.
2. No
3. If yes, where?

9) Apart from ASF, have you been evaluated for the need of Psychotherapy?

1. Yes.
2. No
3. If yes, where?

10) How competent do you think is ASF medical team?

1. Very competent
2. Somewhat competent
3. Not so competent

11) How satisfied are you with the services you received from ASF hospital?

1. Very satisfactory
2. Somewhat satisfactory
3. Not Satisfactory

12) Considering there are government hospitals in every district, how important is ASF Hospital services to you as a burn patient?

1. Very important
2. Somewhat important
3. Not important

13) How helpful is to have outreach programme in your area with comprehensive care (doctor+therapists)?


14) With services from ASF, how much progress do you think you have achieved so far?

*Please mentioned in a scale of 1 to 5, 1 being least and 5 being most.

15) Will you recommend ASF’s service to other survivors?

1. Yes 2. No 3. Not sure

16) In your opinion, what could be the area of improvement for the ASF services? (mention at least 3 points)

If received Physiotherapy

17) Apart from ASF, have you received Physiotherapy anywhere?

1. Yes.
2. No
3. If yes, where?

18) How many sessions did you have with ASF Physiotherapist?

19) Was the physiotherapy session useful to you/Helped regaining functional ability?

1. Yes 2. No 3. Not sure

20) Were the instructions clear for continuing therapy?

1. Yes 2. No 3. Not sure

21) Do you think more sessions are necessary for you?

1. Yes 2. No 3. Not sure

22) Would you recommend/encourage having physiotherapy to other burn patients?

1. Yes 2. No 3. Not sure

If received Psychotherapy
23) Apart from ASF, have you received Psychotherapy anywhere?
   1. Yes.
   2. No
   3. If yes, where?

24) How many sessions did you have with ASF psychotherapist?

25) Are you satisfied with the time given to you in psychotherapy session?
   1. Yes
   2. No
   3. Not sure

26) Was the psychotherapy session helpful for you?
   1. Yes
   2. No
   3. Not sure

27) Did it reduce your stress level?
   1. Yes
   2. No
   3. Not sure

28) Do you think more sessions are necessary for you?
   1. Yes
   2. No
   3. Not sure

29) Would you recommend/encourage having psychotherapy to other burn patients/survivors?
   1. Yes
   2. No
   3. Not sure

*30) Would you like to add any opinion about ASF services?

---

Structured Questionnaire for the recipient of ‘Direct Programme Support for Acid Burn Survivors in Bangla

<table>
<thead>
<tr>
<th>ক্রমিকমার্ক</th>
<th>সার্বভৌমকারণকারী</th>
<th>তারিখ</th>
</tr>
</thead>
<tbody>
<tr>
<td>১) লিঙ্গ:</td>
<td>১. নারী  ২. পুরুষ ৩. তৃতীয় লিঙ্গ</td>
<td></td>
</tr>
<tr>
<td>২) বয়স:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>৩) কার্যক্ষেত্র:</td>
<td>১. পেশাদার  ২. অ-পেশাদার  ৩. ছাত্র</td>
<td></td>
</tr>
<tr>
<td>৪) বৈবাহিকব্যবস্থা:</td>
<td>১. অবিবাহিত  ২. বিবাহিত</td>
<td></td>
</tr>
<tr>
<td></td>
<td>৩. পৃথকীভুক্ত  ৪. ভালাক্রান্ত</td>
<td></td>
</tr>
<tr>
<td></td>
<td>৫. বিধবা/শ্রী মৃত  ৬. বলতেইচ্ছে কোনোটা</td>
<td></td>
</tr>
<tr>
<td>৫) এপ্রিল২০১৭ থেকে মার্চ২০১৯সালপর্যন্তএপর্যন্ত এই অফিস ব্যবহার করেছেন?</td>
<td>১. হী</td>
<td>২. না</td>
</tr>
<tr>
<td>৬) আপনার স্থায়ী কার্যালয়ের কোথায় ছিল?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
১. ASF হাসপাতালে আপনার একাউন্ট মেডিকেল ক্যাম্প ৩. অন্যান্য

৭) আপনি কি সংগ্রহ করেছেন?
   ১. ইনফো + ফিজিওথেরাপি + সাইকোথেরাপি
   ২. ইনফো + ফিজিওথেরাপি
   ৩. ইনফো + সাইকোথেরাপি

৮) ASF ঘাড়ও, আপনি কিভাবে ফিজিওথেরাপির প্রয়োজনীয়তা মূল্যায়ন করেছেন?
   ১. হাঁ, তবে কোথায় করেছেন? ______
   ২. না
   ৩. যদি হাঁ হয়, তবে কোথায়? ______

৯) ASF ঘাড়ও, আপনি অন্য কোথায় সাইকোথেরাপির প্রয়োজনীয়তা মূল্যায়ন করেছেন?
   ১. হাঁ
   ২. না
   ৩. যদি হাঁ হয়, তবে কোথায়? ______

১০) আপনি ASF মেডিক্যাল কেন্দ্র সংগ্রহ করেছেন?
   ১. অন্তর্ভুক্ত
   ২. কিছু অন্তর্ভুক্ত
   ৩. অন্তর্ভুক্ত না

১১) আপনি কম্পিউটার ক্যাম্প হাসপাতালে সমর্থন করেছেন?
   ১. খুব সক্ষম
   ২. কিছুটা সক্ষম
   ৩. সক্ষম নই

১২) প্রতিটি জেলার সর্বোচ্চ সাহায্য আদেশ প্রস্তুত করার জন্য একজন অন্য জেলার হিসাবে একজন হিসাবে কেন্দ্রের সাহায্য বিভাগ করেছেন?
   ১. খুব সক্ষম
   ২. কিছুটা সক্ষম
   ৩. খুব অসমর্থ সক্ষম

১৩) আপনার একাউন্ট মেডিকেল ক্যাম্প হাসপাতালে সমর্থন করেছেন?
   ১. খুব সহায়ক
   ২. কিছুটা সহায়ক
   ৩. অসমর্থ সহায়ক

১৪) ASF থেকে সুবিধা, আপনি কিভাবে সুবিধা প্রতিস্পর্ধিত করেছেন বলে মনে করেন?

*অনুগ্রহের কথা, একাউন্ট প্রস্তুত করেন, নুন মহিমার এবং সরাসরি কর্ম করেন*
১৫) আপনিকি এফএসএর সেবা নিতে অন্য সার্থকভাবের উৎসাহ করবেন?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

১৬) আপনার মতে এফএস সেবাগুলির উন্নতির ক্ষেত্রে কিভাবে হবে?

(৩টি উল্লেখ করুন)

১৭) আপনিফিজিওথেরাপিতপদগুলিতে পরিবর্তন করেনেন? ______

১৮) ফিজিওথেরাপিতে আপনার ভূমিকা কেন্দ্রীয় কৌশলতার ফিজিওথেরাপিতে সহায়তা করানি?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

১৯) চলমান ফিজিওরাফি উদ্যোক্তা করিমরু প্রথমে ছিল?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

২০) আপনিকিনেকর্নেন আপনার আয়োজনের প্রয়োজন ছিল?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

২১) আপনিকিন্তু কেরাকার কর্তল ফিজিওরাফি ফিজিওথেরাপীর সাহায্য করেছিল?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

২২) আপনিভিন্ন ফিজিওরাফিতপদগুলিতে পরিবর্তন করেন
eনি? ______

২৩) সেশনের বরাদ সময় কি বেশি ছিল?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

২৪) আপনার আয়োজনআয়োজনের প্রয়োজন ছিল?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

২৫) একাডেমি আকাউন্টার চাপনক মেরিকেল ছিল?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

২৬) আপনিকিনেকর্নেন আয়োজনের প্রয়োজন?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

২৭) আপনিকিন্তু আকাউন্টার ক্যারিয়ার সাহায্য করেছিল / সাহায্য করেছিল?

১. হাঁ  ২. না  ৩. নিষ্ঠিত না

২৮) আপনি এফএস সেবাকর্মের মাধ্যমে গোগ করাচোন?

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C. Annex 3

Semi Structured Questionnaire for evaluation of ‘Direct Programme Support for Acid Burn Survivors’

1. Are you aware of the ASF initiatives funded by KCF for supporting services of Physiotherapy/Psychotherapy during the period of April 2017 to March 2019?

2. Were you directly involved/supervised any service provided by ASF staff?

3. Were you present throughout any of the sessions?

4. How would you remark on the quality of services provided?

5. How effective do you think those services have been?

6. Any positive changes in a patient you noticed that can be related to ASF services?

   *Have you noticed any patient overcoming functional disability with physiotherapy

   Or

   *With Improved mental health after psychotherapy by ASF therapists?

7. In your opinion, has it exerted any impact on the life of a survivor/society?

8. What could be the area of improvement of the services?

9. What do you think about the area of capacity building by ASF?

10. What is your overall impression on the work of ASF?

11. Do you think it is necessary to continue the services by ASF?

12. Is there any initiative to sustain the therapies in your facility?

13. How would you comment on the relationship between a Government facility and ASF?

14. Any other opinion you would like to share?
D. Annex 4

Questionnaire for Project Staff from ASF

1. What was the area of your involvement in the KCF project?
2. Were you aware of the objectives of the project?
3. In which facilities/event did you work?
4. Could you please tell me about your role and methodology of your work in brief?
5. Can you compare your experience between working in ASF hospital and working in other partner hospital or Outreach Programmes?

6. What were the main challenges you faced working outside of ASF hospital and what are the main challenges of working in the hospital?

7. How was the response from the support service partners? How do you think is the relationship between Government facilities and ASF?

8. How was the response from the recipients?

9. How effective do you think the work has been?

10. How impactful do you think it was?

11. How important do you think it is to continue what you had done in two years?

12. What could be the area of improvement, if another project was to be designed with same objectives?

13. How could your administration support you more in achieving the targets?

14. What do you think you could have done differently?

15. How satisfied you are with the work did under the project?

16. Has there been any new lesson/practice you learned? (for example, any new finding on what works best?)
E. Annex 5

**Research Team**

Names & alma maters

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North South University, Johns Hopkins University

**Statistician: Sabuj Chandra Bhowmick**

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**Subject Experts: Dr. Mohammad Quamruzzaman**

**Mr. Kamal U A Chowdhury**

**Ms. Shamima Pervin**

-THANK YOU-