

# EVALUATION/FORMULATION MISSION REPORT ACID SURVIVORS FOUNDATION

PREPARED FOR UNICEF/BANGLADESH BY  
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# LIST OF ACRONYMS

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ASF	Acid Survivors Foundation
ASK	Ain O Salish Kendro
BFF	Bangladesh Freedom Foundation
BNWLA	Bangladesh National Women Lawyers Association
BSEHR	Bangladesh Society for the Enforcement of Human Rights
CIDA	Canadian International Development Agency
Danida	Danish Agency for Development Assistance
DMCH	Dhaka Medical College Hospital
FGDs	Focus Group Discussions
GTZ	Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HDF	
HSBC	
SAAV	
SCB	
Unocal	
USCCB	
WFWI	

# EXECUTIVE SUMMARY

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An evaluation/formulation mission was carried out in Bangladesh from May 17 – June 9, 2003 to identify the progress made towards achieving the objectives of the Acid Survivors Foundation (ASF) and to formulate a multi-annual and multi-donor programme for the ASF. The mission was supported by CIDA, the Royal Netherlands Embassy and UNICEF. The participatory evaluation and formulation process was facilitated by an international team leader and two locally hired consultants, and conducted by an evaluation team consisting of thirteen ASF staff and four survivors of acid attacks.

The evaluation found that the ASF has made remarkable progress since it was started in 1999. In the short time of its existence, the organisation has grown from two to sixty staff and has provided support services to increasing numbers of survivors. They have initiated a number of partnerships with organisations working in areas that support acid survivors and have brought the issue of acid violence to the attention of the government, as well as civil society in Bangladesh.

However, the organisation has grown faster than available resources – not only financial resources but staff resources, systems and procedures to ensure a well-managed organisation. Forward planning is critically needed for the Foundation. Prior to making any decisions about new activities, the ASF should consolidate its current work by undertaking a review of the relationships between the Trustee Board and the management and operation of the ASF.

Recommendations arising from the review were made in two broad areas – the management and operation of the ASF and support services to survivors. The main recommendation is the need for ASF Trustees and staff to work as one unit, with a clear understanding of what work is needed to support survivors of acid burns and to reduce acid violence. The first step in achieving this is for Trustees and senior staff to jointly participate in developing a long term Strategic Plan for the ASF. As part of the strategic planning process the roles, responsibilities and levels of decision-making of Trustees, Advisory Groups, the Executive Director, Senior Management, Line Managers and staff should be reviewed, clarified, documented, and disseminated to all staff. These changes will facilitate and strengthen the organisation which should result in enhanced services for survivors of acid violence.

The findings from the evaluation provided the basis for developing a Plan of Action for the ASF for the period 2004 – 2009. The work plan is divided into actions to be undertaken by the Trustee Board, Senior Management and each work unit at the ASF. While a number of the activities can be carried out by current staff, there will be a need for donor funding to support other activities.

# 1 INTRODUCTION

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This is the draft report of an Evaluation/Formulation Mission carried out in Bangladesh from May 17 to June 9, 2003 in support of a multi-annual and multi-donor programme to support the Acid Survivors Foundation (ASF). The mission was initiated with the support of the Canadian International Development Agency (CIDA), the Royal Netherlands Embassy and UNICEF in Bangladesh.

It was agreed jointly between the donor community and the ASF that an evaluation was needed to assess progress achieved by the ASF prior to formulating an organisational action plan for the next five years. The main objective of the evaluation/formulation mission was to identify progress towards achieving all of the objectives of the ASF:

- to stop violence
- to ensure survivors have access to the best available medical treatment
- to ensure that survivors have better access to legal support, and
- to assist survivors in their rehabilitation process

The evaluation and formulation process was to be carried out using a participatory approach in partnership with the ASF. The outcomes of the evaluation were to include lessons learned to benefit the continuation or replication of ASF interventions, including the operational aspects of program implementation from a programming and organisational perspective. The evaluation was to include recommendations on how to improve activities and programs that could assist the ASF in designing the next phase of its program, including a detailed action plan, outputs and activities.

The external review team had three members – the team leader, Lenore Rogers from Agriteam Canada, and two locally-hired consultants Dr. Feroza Begum and Saira Rahman Khan, Ph.D.. The mission was carried out with the full participation and support of ASF staff as well as survivors of acid violence who have been supported by the organisation.

This draft report contains five sections, plus ten appendices. Section two provides background information on the ASF and its program of activities. The evaluation methodology is documented in the third section, while the fourth section provides a summary of evaluation findings and lessons learned. The last section provides conclusions and recommendations arising from the evaluation mission. The formulation of an agreed upon draft program implementation plan for potential joint donor financing of the ASF during the 2004 – 2009 period is included in Appendix J.

## 2 BACKGROUND INFORMATION ON THE ASF

The mission of the ASF is to aid the recovery of survivors of acid violence to a condition as near as possible to that of their pre-attack situation and eventually eliminate acid attacks in Bangladesh. The ASF works with NGOs, the Government of Bangladesh and the international community to support the elimination of acid throwing, a vicious and damaging form of violence in Bangladesh where acid is thrown on people. The overwhelming majority of victims are women, and nearly half are below eighteen years of age.

The ASF began its work in May, 1999 to tackle the problem of acid violence in Bangladesh with a staff of two, which has now grown to a staff of sixty. The ASF acts as a co-ordinating and fund raising agency to assist other organisations working on specific issues related to acid violence and providing services to survivors of acid attacks. Where no services are provided by existing organisations, the ASF provides services, such as specialised nursing care for acid burns.

It is difficult to obtain accurate statistics as most people in Bangladesh live in relatively isolated rural communities. Nevertheless, there is evidence to indicate that the incidence of acid attacks is increasing at an alarming rate.

**Table 1: Statistics of Acid Attacks (May, 1999 – December, 2002)**

Period	Recorded Cases		Cases Investigated	Persons Treated by ASF	Admissions to Thikana House	Attacks on Males	Attacks on Females
	Incidents	Persons					
May–Dec, 1999	111	136	111	69	69	23	113
Jan–Dec, 2000	170	222	170	104	66	51	171
Jan–Dec, 2001	245	341	245	213	147	116	225
Jan–Dec, 2002	366	485	366	269	181	171	314
<b>Totals</b>	<b>892</b>	<b>1184</b>	<b>892</b>	<b>655</b>	<b>463</b>	<b>361</b>	<b>823</b>

- Data from ASF

**Table 2: Acid Attacks by Sex in 2001 (Figures for 2000 in brackets)**

Female		Male	
Number	Percentage	Number	Percentage
225 (165)	66 (74)	115 (56)	34 (26)

- Data from ASF

**Table 3: Statistics of Acid Attacks (January – May, 2003)**

Period	Recorded Cases		Cases Investigated	Persons Treated by ASF	Admissions to Thikana House	Attacks on Males	Attacks on Females
	Incidents	Persons					
Jan, 2003	13	17	13	9	6	5	12
Feb, 2003	09	12	9	4	4	4	8
March, 2003	19	23	19	11	6	5	18
April, 2003	24	25	24	8	4	4	21
May, 2003	19	24	19	11	9	8	16
<b>Totals</b>	<b>84</b>	<b>101</b>	<b>84</b>	<b>43</b>	<b>29</b>	<b>26</b>	<b>75</b>

- Data from ASF, up to May 25, 2003

**Table 4: Acid Attacks by Age in 2001 (2000 figures in brackets)**

Age Group	Number	Percentage
Under 18	127 (73)	38 (33)
19-24	95 (44)	28 (20)
25-34	65 (45)	20 (20)
35-44	33 (21)	09 (10)
45-54	12 (05)	03 (02)
Over 55	08 (22)	02 (10)
<b>Totals</b>	<b>340 (221)</b>	<b>100</b>

- Data from ASF

To date the Foundation has developed a number of important initiatives (Please see Appendix A for the ASF’s Implementation Framework, Strategies and Success Indicators). They provide medical care (including plastic surgery) to every survivor who needs it. The ASF meets all the costs incurred by survivors and their families, including bringing the survivor (and often a family member for added support) to Dhaka for medical treatment. The ASF pays for medicine, provides food and other essentials for survivors and their family members while they are receiving medical attention. They also prepare survivors for surgery (buying and testing blood, taking x-rays and supplying post-surgery medicine and special care). Once the patient is able, he or she is transferred to ASFs 35-bed rehabilitation centre, called Thikana House, in Dhaka for specialised burn treatment nursing, counselling and programs to reintegrate them into society. The ASF has also opened its own 15-bed hospital unit and fully equipped operating theatre at Jibon Tara, where highly skilled volunteer plastic surgeons come from around the world to perform operations and to train their Bangladeshi colleagues.

The Foundation introduced a nation-wide reporting system with partner organisations so that every new attack is documented. Legal advice and support is provided by legal aid organisations, some of which are members of the Foundation’s Board of Trustees. The ASF provides other supports to survivors and their families, including counselling and services to support their reintegration into society. With partner organisations, they have started a campaign against acid violence. On International Women’s Day in 2002, the ASF helped to organise a ‘Men Only’ rally against acid violence. The rally was led by 120 survivors and followed by over 5,000 men demonstrating their anger at acid violence.

**Table 5: Reasons Given for Acid Attacks in 2001 (Figures for 2000 in brackets)**

<b>Reasons</b>	<b>Number</b>	<b>Percentage</b>
Marital dispute	27 (4)	07 (2)
Refusal of extra marital affair	17 (1)	04 (1)
Refusal of marriage	41 (63)	13 (29)
Refusal of sex	19 (27)	05 (12)
Rejection of romantic relationship	50 (6)	15 (2)
Dowry	44 (37)	13 (17)
Family dispute	40 (41)	12 (18)
Land dispute	65 (10)	20 (5)
Political reason	15 (0)	04 (0)
Present at scene (Not intended target)	05 (12)	02 (5)
Not known	17 (20)	05 (9)
<b>Totals</b>	<b>340 (221)</b>	<b>100 (100)</b>

- Data from ASF

### 3 METHODOLOGY

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The two most important aspects of the methodology chosen for the evaluation/ formulation mission were the involvement of project stakeholders in all steps of the evaluation process and the focus on the development of lessons learned which were then translated into a draft action plan.

The external team facilitated mission activities by providing a framework for the evaluation and program formulation process. A stakeholder analysis was conducted with the local consultants and the ASF to determine who should be involved in the process. Given the three week time commitment required for the evaluation/formulation process, only ASF staff and survivors were able to commit to the process. The evaluation team selected (please see Appendix B for recommendations for the ASF evaluation team members and a list of team members) consisted of thirteen staff and four survivors (16 females, 1 male) and the external review team (3 females). Prior to implementing the suggested process for the overall evaluation/formulation mission, the steps to be undertaken were shared with and approved by members of the Trustee Board and the donor community.

The evaluation team chose the areas to be evaluated (the research questions), the interview questions, who should be interviewed and how the interviews should be carried out during a two-day evaluation planning workshop, held May 20 – 21, 2003. The research questions were grouped around two main areas – the organisation and management of ASF and the services provided to support survivors. The interview questions were based on the evaluation/research questions and were grouped into interview protocols for each group to be interviewed (please see Appendix C for Research/Evaluation Questions, Interview Questions and Data Collection Planning Chart). To facilitate the data collection process, a smaller team consisting of seven staff and three survivors (all female) were selected from the larger evaluation team. A training session was conducted for the data collection team on facilitating and documenting focus group discussions. Ethical considerations – informed consent, expectations arising from the evaluation, and confidentiality – to be taken into account during the data collection process were included in the training session.

Ten focus group discussions (FGDs) with 42 males and 81 females were held in Dhaka from May 22 – 31, 2003, with the following groups: the ASF staff (5); survivors and their families (5); members of the Trustee Board (1); partner organisations (1); and, donors (1). All but one of the FGDs was conducted in Bangla and all but two were facilitated by an ASF staff member. Notes of the discussion were taken by several recorders. At the end of each FGD, the recorders reviewed and compared their notes to ensure the content of the discussion was accurately documented. The notes were translated into English by members of the external team (please see Appendix D for summary of all focus group discussions).

Separate discussions were held with staff from all ASF Units – Finance /Administration (5 females, 3 males); Legal, Social Reintegration, Prevention Units (3 females); Notification/Referral, Medical and Counselling Units (14 females, 3 males) to discuss unit specific concerns. Individual interviews were held with the chairperson of the ASF Trustee Board, ASF senior management (Executive Director, Office Manager), a former senior staff member, and one donor.

Two field trips were carried out – one in Gazipur and one in Mymensingh. In each community, focus group discussions were held with 26 community members (in Gazipur with 10 males, 5 females, and in Mymensingh with 9 males and 2 females), including representatives of government and the press, as well as FGDs with survivors, their families and immediate neighbours. Confidential questionnaires (please see Appendix E for summary of responses) were provided to ASF staff (48 out of 57 staff responded) and to the Trustee Board of the ASF (six of 12 trustees responded).

The findings from the data collection process were analysed and lessons learned as the result of the analysis were determined by the ASF team, with support provided by the external review team (please see Appendix F for the research questions, findings and lessons learned) during a data analysis/lessons learned workshop. The findings, along with the lessons learned, were assessed by the evaluation team and translated into a draft action plan for the ASF for the period 2004 – 2009.

On June 8, 2003 the findings and lessons learned from the participatory evaluation process as well as the draft action plan were presented to members of the Trustee Board, donors and ASF staff (Please see Appendix G for the overhead presentation).

### **3.1 Limitations of the Participatory Methodology**

The participatory process chosen for the evaluation/formulation mission proved to be too ambitious given the time available. The number of focus group discussions and interviews conducted during the one week data collection period did not allow sufficient time to appropriately synthesise and consolidate the information received. Additionally, the evaluation/formulation process was conducted entirely in Bangla, however the findings were documented in English, both for the international consultant and for reporting purposes. While this process was handled very competently by the locally hired consultants, the process took considerable time and energy away from the synthesis and analysis of the raw data.

While each unit of the ASF was represented on the overall evaluation team, not all those chosen could spend the full three week period away from their work. From a learning and human resource development perspective, the involvement of all units was useful. However, a smaller team would have been more manageable. The interview questions developed by the overall evaluation team required review and consolidation by the smaller data collection team.

The raw data presented to the overall evaluation team during the Analysis and Lessons Learned Workshop was too detailed to allow for meaningful analysis. As a result, the workshop process was interrupted for one day to allow the smaller evaluation team to synthesize the data into a more manageable format for analysis. As well, the data analysis process took more time than was planned. This resulted in the formulation process being moved into the weekend and completed by a smaller team.

## 4 SUMMARY OF FINDINGS

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### 4.1 Impact of ASF Activities

Within the space of three short years, the ASF has achieved recognition as the only support organisation working solely to assist survivors of acid violence. The ASF has moved from a one room office and two staff to new quarters with offices and medical facilities with sixty staff. Work units at ASF provide a number of services for survivors and their families including medical, psycho-social and re-integration support. Units work with other organisations in the community to help meet the needs of survivors such as access to legal services, as well as the design and delivery of prevention and advocacy programs. The ASF was active in the initiation of and the current work of the National Acid Control Council, as well as Acid Control Committees at the local level. Additionally, the ASF successfully advocated with the Government of Bangladesh for the passing of two new laws to address the issue of acid throwing.

The ASF has helped the survivors continue with their life and, in some cases, survivors have chosen new paths. The organisation has assisted survivors to become economically independent and to manage their lives confidently, which is something many of them were not able to do before their attack. Proof of this are the survivors who have come from rural Bangladesh and are now employed by the ASF or live and work independently with newfound confidence in cities and towns. The ASF has been able to boost the self-confidence of the survivors and enabled them to plan their futures. The ASF bolsters the physical and mental strength of the survivors, which has given them a reason for living.

Survivors and their families who participated in the focus group discussions were very supportive of the work of the ASF. Those survivors that were working felt independent and proud that they were able to earn a living. Survivors have gained respect from their family, their peers and their community. *“I only gave birth to her, but ASF has given her life”*, is a comment from the mother of an acid survivor. A survivor who is taking computer training at ASF asked, *“Am I the same Ranu?”*, while another states, *“If it were not for the ASF, I would not have dared to think that I could have a new life...I have been reborn thanks to the ASF.”* One survivor said that she had so much confidence that she could monitor the situation of her own legal case herself. She said *“my mental strength has increased and is now more that I had before the incident”*.

The rapid growth of the organisation and the demand for the services of the ASF by survivors has been remarkable, and attests to the dedication and hard work of the Trustee Board and the staff. However, the demand for services and the expansion of facilities to support survivors has outstripped the resources of the ASF. There is a need for ASF to consolidate and strengthen their organization in order to better meet the demand from survivors for services.

In light of the expressed and obvious need for services, there is a desire on the part of the ASF to want to fully meet the needs of their client group, especially when partner organisations are unable to meet the needs of survivors. However, this expansion of services may not be appropriate, given the need for consolidation of the services already provided by the ASF as well as the need to jointly develop written policies and procedures with partner organisations about how services will be provided to survivors. There

is a need for the ASF board and senior staff to undertake joint forward planning to assess the organisational capacity, availability of resources and to develop a strategic plan that conceptualizes the mission, vision and long-term direction of the ASF.

The ASF works in partnership with other organisations in a number of areas (notification and referral when there is a new attack, medical services, prevention campaigns, legal services, and reintegration support). For the most part, ASF staff report that overall they are quite satisfied with their partners and the activities they carry out. Several units voiced some dissatisfaction with the performance of partner organizations and stated that some coordination areas require attention. For example, ASF has no written policies about coordination partnerships, including how activities should be planned and implemented. It was reported that funding is often required to establish effective partnerships with some partners in order to obtain services for acid survivors. At times, survivors have not been satisfied with the support provided by the partners, in particular with the legal aid services provided. Some survivors stated that not all of the lawyers from the legal aid organizations were on time or very helpful. They also said that they had to give money to public prosecutors, whereas this service was supposed to be free.

## **4.2 Major Strengths, Limitations/Gaps and Lessons Learned: Acid Survivors Foundation**

### **4.2.1 Notification and Referral Unit**

The objective of the Notification Unit is to identify every new acid attack in Bangladesh and to bring those who want ASF services to Dhaka within 48 hours. Activities of the unit include the following:

- Identify new attacks
- Investigate all reported cases to determine whether the acid attack is an act of violence and to assess the medical condition of the survivor
- Adopt the case and refer it to the Medical Unit
- Network with local organisations, individuals, media and local administration
- Document information about acid violence in Bangladesh (by creating, maintaining and updating a data base and preserve press clippings of attacks)
- Disseminate information (statistics, features, photographs and press clippings)

#### Major Strengths

So that survivors of acid attacks can be provided with immediate assistance, networks have been established with 30 NGOs, 40 journalists, and eight government agencies throughout Bangladesh (See Appendix H for list of partner organisations). All reported cases are investigated by ASF staff, and of those 74% come to Dhaka within 48 hours of the attack. As a result of this network, ASF has a high reputation amongst NGOs at the District Level. In addition, ASF is the only centre where statistical information on acid attacks is available in Bangladesh.

#### Major Gaps/Limitations

While networks have been developed at the District level, networks at the grassroots level are insufficient. As a result, the services of ASF are not well known and survivors of acid attacks in rural, remote areas are reluctant to use the services of the ASF. For example, anecdotal evidence from several survivors from rural

areas indicated they were afraid to come to ASF, as a Dhaka-based organisation, for fear of being trapped in a trafficking of women scam. The monitoring system to follow-up on the work being carried out by partner organisations is inadequate and needs to be improved. Staff at ASF have limited skills to undertake investigations of reported cases. As well, the data base system at ASF does not allow for the collection of multi-dimensional records of acid attacks.

#### Lessons Learned

- The ASF is capable of identifying new cases and bringing survivors to Dhaka promptly.
- Establishing networks at the grass roots level and in remote areas is important so that all acid survivors know about the ASF and the facilities it offers.
- The system to monitor and follow-up on the work of partner organizations needs to be reviewed and improved.
- The current database system needs to be improved to record the multidimensional aspects of acid attacks.

#### **4.2.2 Access to medical services**

The objective of the Medical Unit at ASF is to provide the best available medical treatment to survivors of acid attacks in Bangladesh. The unit undertakes the following activities:

- Nursing care (bandages, medicines, etc.)
- Plastic surgery - skin grafting, reconstructive surgery (provide pathological testing, blood transfusions, medicine, surgical instruments)
- Treat associated medical issues (pregnancy, diabetes, cancer, heart problems, etc.)
- Physiotherapy
- Medical accessories (pressure garments, splints)
- Nutritional food, basic toiletries and clothing for survivors and their accompanying family members)
- Basic training for immediate burn management for doctors and nurses
- Plastic surgery training provided
- Develop material on use of water to reduce effect of acid attacks.

#### Major Strengths

All acid survivors – those who have been newly attacked and those who have been previously treated elsewhere – can be admitted to ASF facilities at anytime of the day or night, every day of the week and medical services are provided to survivors on a 24 hour basis, at no charge to either the survivor or their families. The medical services provided to survivors of acid burns reduces the disfigurement and possibility of disability (loss of eye-sight, hearing, etc.). As well, physical rehabilitation, including physiotherapy, is provided as part of the medical treatment. Follow-up services to address any complications (for example, heart disease, pregnancy, diabetes, etc.) are available, with the belief that once survivors deal with their physical condition they are then able to start re-building their life.

#### Major Limitations/Gaps

ASF offers medical services in three different locations (Thikana House, Jibon Tara and Dhaka Medical College Hospital), which makes coordination difficult as well as being costly and time consuming. Facilities for specialised burn treatment, plastic surgery, ear-nose-throat and eye treatment are inadequate at

ASF. Severe burn cases must be sent to Dhaka Medical College Hospital (DMCH), where it is difficult to admit patients and to ensure quality services for survivors. As well, there are no 24-hour on-call specialists doctors at ASF.

Lessons Learned

- More staff are needed to provide appropriate medical care in ASF facilities. Offering medical services in three different places makes coordination of services and supervision of staff difficult. As well, travelling between facilities is time consuming and not cost-effective.
- The ASF would benefit from bringing all the medical units under one single roof with proper, trained staff and other necessary facilities to run such a specialised institution.
- To meet the present needs of survivors at ASF there is an urgent need to have specialised doctors on call 24 hours per day.

The relationship between ASF and DMCH needs to be reviewed so that services provided meet the needs of acid survivors.

**4.2.3 Psycho-social support provided to survivors and their families**

At present, there is no Psychological Support Unit at ASF, however ASF staff assist survivors to cope with their changed physical condition and support them in re-building their lives. Staff at ASF provide the opportunity for survivors to share their experiences by creating a safe and homely atmosphere, by listening and by empathising. For complicated cases professional counsellors are hired.

Strengths

Staff at ASF are committed and supportive of acid survivors as evidenced by the following comments made by survivors: *“When I come to the ASF I feel as if I have come to my parent’s house”* and, *“ASF has given me a new life.”*

Major Limitations /Gaps

There are no professional psychologists at ASF. While staff are able to provide a supportive environment, they do not have adequate counselling skills to support survivors. Staff who work with survivors are not provided with any support services at ASF to help them deal with work-related stress. Partners working with ASF noted the needs of survivors are increasing and the ASF needs to attune its activities accordingly. For example, it should include a mental health component in its objectives and in its prevention activities so that this issue is properly addressed.

Lessons Learned

- The psychological services provided by ASF staff are valued by the survivors; however there is a need for staff to have increased counselling skills.
- Staffs that support others need to remain strong themselves. Thus, they need to have mechanisms to help them deal with their own stress.

**4.2.4 Access to legal support**

The objective of the Legal Unit at ASF is to ensure survivors have better access to the legal justice system. Activities of the unit include the following:

- Coordination between the ASF and the partner organisations providing legal aid.

- Maintain liaison with judges and the office of the public prosecutor and collects information and data on the progress of trials from court documents and case records. Also to maintain liaison with police and local authorities.
- Conduct workshops and meeting with local authorities regarding acid-related offences.
- Keep in contact with the Prevention and Medical Units and coordinates with them regarding the legal matters of ASF survivors.

#### Strengths

Staff are sensitive to acid crimes and their consequences. They are skilled and are able to communicate with local administration, including the police and judiciary with regard to acid crimes. There is good coordination with other units within ASSF.

#### Major Limitations/Gaps

There are not enough ASF staff to fulfil the demand for support for legal services from survivors or to coordinate with or monitor the support provided by partner legal aid organisations. At the local level there is no coordination between the survivors, the police, public prosecutors and legal aid organisations. This hampers successful prosecutions of acid cases. ASF is not able to provide security at the local level for survivors during the investigation and trial, which often hampers successful prosecutions of acid cases.

#### Lessons Learned

- The Legal Unit refers survivors to legal aid organizations and has been able to maintain some cooperation with the Office of the Public Prosecutor, members of the lower judiciary and local administration, including the police.
- The legal process to assist survivors prosecute acid throwers is lengthy and weighed down by many difficulties. To enhance the possibility of more successful prosecutions of acid throwers, more staff are required in the Legal Unit to fulfil the demand from survivors for legal services, to coordinate with and monitor the support provided by legal aid partner organisations, to coordinate with survivors, witnesses, the Office of the Public Prosecutor and district judges.

#### **4.2.5 Reintegration into society**

The objective of the Social Reintegration Unit (formerly called the Rehabilitation Unit) is to assist survivors reintegrate into society. Activities of the unit include the following:

- Provide financial assistance to the family to overcome the immediate impact of the acid attack
- Provide stipends for survivors to continue their education for as long they continue their studies
- Organise and coordinate skill development training
- Search for jobs and provide job placements
- Provide financial aid to establish income generation schemes
- Network with entrepreneurs who may provide skill development training, job placements and income generation schemes.

#### Strengths

The ASF has assisted survivors to become economically independent and to manage their own lives confidently, which is something many of them were not able to do before their attack.

Major Limitations/Gaps

Not all the demands for reintegration services have been fulfilled by ASF. Survivors that were not working expressed feelings of depression, fragility and confusion during the FGDs. Many survivors, especially women who are unlikely to marry, recognize that they will need to be financially independent. They want the services provided by ASF to be complete, permanent and effective. Thus, it is necessary for the ASF to think broadly about the reintegration services offered so that survivors are able to have a reliable source of income.

Lessons Learned

- Economic independence is vitally important to enable survivors to confidently manage their lives and gain respect from their family, their peers and community.
- Survivors want the support provided for their reintegration into society to be complete, permanent and effective.
- A number of efforts have been provided to assist survivors reintegrate and these need to be followed up to assess the success of the support provided.

**4.2.6 Campaigns/activities to prevent acid violence**

The Prevention Unit<sup>1</sup> began in June 2002 with the objective of stopping acid violence by making acid violence a matter of public concern and engaging with the Government of Bangladesh, NGOs and civil society to develop an effective response to combat and eliminate violence in Bangladesh. The unit works with partner organisations to undertake the following activities:

- Campaigns on television, radio, as street theatre, at rallies
- Communicating with the press and holding consultative meetings with the District Acid Control Committees
- Providing education and training programmes on the misuse of acid.

Strengths

Over the past three years, the ASF has cooperated with eleven cooperative partner organisations to implement successful awareness-raising campaigns about acid violence (posters printed; advertisements through TV, radio, press; rallies; street drama; involvement of men) and to improve their advocacy and campaign capacity with regard to acid issues. The ASF has assisted the government to review existing laws and formulate two new laws against acid crimes and regulating acid use. Within the Prevention Unit, there is a dedicated staff team that works well with each other and with other ASF units. The unit has also enabled survivors to work as social advocates. ASF has carried out one research project with a partner organisation (to assess levels of awareness of acid issues in the community, to identify risk factors, and potential support groups for future advocacy and campaign programs).

Major Limitations/Gaps

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<sup>1</sup> As resources allow, there are plans to revamp the Prevention Unit into a Research, Prevention and Advocacy Unit.

There are not enough staff in this unit to follow-up after campaigns are designed, workshops implemented, and training provided or to evaluate the impact of media campaigns. Coordination with the GoB and partners is less effective than it could be and campaigns about acid violence and what to do in the event of an acid attack have not reached grassroots/rural areas. Each unit at ASF compiles their own information and there is no central gathering of the material. There is no one place where researchers can come to find comprehensive material about the activities of the ASF and its units. As well, independent researchers use ASF information/research but do not provide ASF with copies of their final research document.

#### Lessons Learned

- The Prevention Unit has assisted partner organisations to undertake awareness campaigns to reach the community level, however, the campaigns have not yet reached the rural grassroots level. The most urgent campaign that needs to reach all communities is the immediate and liberal use of water to reduce deformity due to acid burns.
- To ensure efficient use of resources, there is a need for more impact studies to determine which components of awareness-raising campaigns are the most effective.
- There needs to be more documentation and dissemination of information on acid use, acid abuse, and the impact of acid on survivors and their families.

### **4.3 Organisational Strengths, Constraints and lessons Learned**

#### **4.3.1 Organisational Structure**

The Acid Survivors Foundation (ASF) was formed under a Deed of Trust on May 12, 1999 by four citizens, who were included as part of the twelve board trustees, concerned with the issue of acid violence in Bangladesh. The objective of the Trust is, “to secure medical aid, specialized nursing, free legal aid, training and by suitable schemes or in any other way ensure that opportunities for securing justice and full integration into society are not denied to any such victim and her family by reason of economic or other disability.” The Trustee Board established a fund to support the above objective of the ASF; acts as a coordinating and fund-raising agency to assist other organisations working on specific issues/ providing services; and, provides services to survivors of acid attacks where none are provided by existing organisations.

The Board is to consist of not less than seven and not more than 15 members, one of whom is to be a survivor of an acid attack. The Board currently has twelve members and is chaired by the representative from the Bangladesh Society for the Enforcement of Human Rights (BSEHR). The Treasurer appointed by the Trustee Board is the representative of the Dhaka Central Rotary Club. In addition to the above organisations, Trustees of the Board represent the following organisations: Bangladesh National Women’s Lawyers Association, Ain O Salish Kendro (ASK), UNICEF Staff Association, the British High Commission, Jatiyo Mahila Sangstha, Naripokkho and Rahim Afrooz, as well as one survivor of acid violence. The Executive Director of the ASF is a non-voting ex-officio member of the Board. The Board of Trustees is to hold at least quarterly meetings each year, one of which is to review the Audit Report as well as the Annual Report.

Under the Rules and Regulations of the Trust Deed, the management and administration of the affairs and activities of the Trust are fully vested in the Board of Trustees. The Board has the responsibility to

determine the direction and scope of the activities of the Trust, as well as the responsibility to approve and administer annual and supplementary budgets, the full management and financial control of the Trust and all executive and financial powers of the Trust.

Strengths

The Trustees who are active on the Board are fully committed to the aims and objectives of the ASF. They have made a personal commitment, contributed their time and energy to the issue of acid violence and to the work of the ASF. For example, each program unit at ASF has an Advisory Board, chaired by a member of the Trustee Board. In addition, Board members participate in staff selection committees and oversee expenditures over 50,000 Taka.

Major Limitations/Gaps

The Trustee Board was chosen on the basis of what Trustees and their organisations can deliver for survivors, hence the present set-up of Trustees. However, some Trustees remain to a large extent oblivious of what their organisation is doing to support acid survivors. This may be because some Trustees send representatives to Board meetings instead of coming in person which can create less than complete understanding of what the Board is committed to achieving. As a result, decision-making activities of the Board are hampered.

As much as they would like to, some Trustees have limited time to devote to the ASF. The advice and policy direction that Trustees could provide to support a fully functioning organisation (for example, organisational development, fund-raising, public relations, academia/research, health care, psychology, etc.) are currently not all available on the Board. As well, the Board meetings are conducted in English, which limits the active participation of some Trustees. For example, there is only one survivor on the Board of Trustees. She is not able to actively participate in discussions because the proceedings are in English, and also due to cultural and socio-economic barriers.

Rather than working in a synergistic manner toward the goal of eliminating acid violence, there appears to be a lack of connection between the work carried out by the Board of Trustees and ASF staff. The terms used by some Trustees when talking about the work of the staff (“they”) and the Board (“us”) exemplified this lack of cohesion. Many staff have no idea who is on the Trustee Board. There is a general feeling amongst staff that Trustees have little knowledge of the realities of their work and the difficulties they faced and that they are not sensitive to gender issues at the ASF (e.g. the need to have and implement progressive maternity/paternity leave policies; the need to develop and implement family-friendly work practices, such as a balance between work and home life, etc.). Concern was also expressed that some Trustees do not treat staff respectfully.

Lessons Learned

- There is an imbalance between the work of some Trustees. Some take on a number of responsibilities, while others only attend Board meetings.
- Trustees and staff need to work as one unit, with a clear understanding of what work is needed to reduce acid violence. More active participation of Trustees within the workings of the ASF is required. There needs to be more interaction between the Trustees and survivors and Trustees and staff.

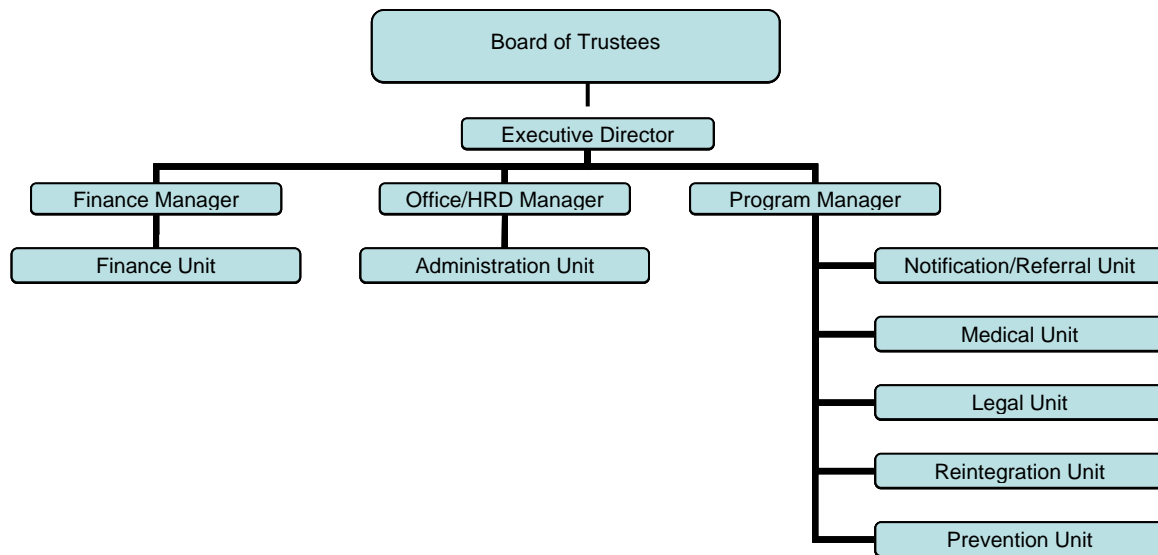
- Criteria need to be developed to help guide the Board in choosing new Trustees to ensure needed expertise on the Trustee Board.
- There need to be more survivors on the Trustee Board. As well, the Board needs to either conduct meetings in Bangla or translate materials into Bangla to increase the participation of survivors in decisions that impact on the ASF.

#### **4.3.2 Management of ASF**

The Board of Trustees appoints the Executive Director, who in turn provides supervision and direction to other staff officers in the performance of their duties. The appointment of staff is determined by the Board, while the terms and conditions of service, including termination or dismissal of staff of the trust are determined by staff rules and regulations, which the Board approves. The Executive Director is the Chief Executive Officer of the Trust and has the responsibility and authority, subject to the direction of and policies of the Board, for i) the day-to-day administration of the affairs of the Trust; ii) the appointment of employees of the trust (as the Trustees determine necessary to carry out the objectives of the Trust), as well as the removal of such employees; iii) the making of grants and entering into contracts with the approval of the Board; and, iv) the exercise of other powers incidental to the office of the Executive Director and the performance of other duties as the Board may from time to time prescribe.

At the time of the evaluation/formulation mission there were three positions, in addition to the Executive Director in senior management – the Finance Manger (responsible for the Finance Unit), the Office Manager (responsible for the Administration Unit, including drivers and human resource development) and the Program Manager (responsible for all supports for survivors, including the Logistics and Referral Unit, Medical Unit, Legal Unit, Rehabilitation/Social Reintegration Unit, and Prevention Unit). The Program Manager position was vacant, with the Executive Director carrying out the duties of that position. (Please see Appendix I for staff list).

ASF Organisation Chart



The ASF is still a young organisation. A number of organisational processes are in place, for example Staff Service Rules, Annual Reports, etc. However, a number of gaps still exist that require attention. For example, the breakdown of the roles and responsibilities of Trustees and staff are not clearly stated. ASF staff are not clear about who is able to make decisions at each level of the organisation. Many decisions that effect ASF operations must be decided by the Trustee Board, but Trustees have limited time to discuss issues at quarterly board meetings. The Executive Director is currently handling the tasks for two positions, leaving little time for forward thinking and planning.

Staffs have job descriptions, however in many cases, the job descriptions do not accurately reflect the work being done. The knowledge, skills and responsibilities required to perform staff jobs needs to be assessed and job descriptions developed that clearly outline performance expectations. Staff holding these positions need to be assessed against their performance expectations and skill gaps identified and reduced through training programs. An annual appraisal format is needed, and should include a self-assessment section for all senior managers and line managers as well as staff. Staff report the following skill areas that require up-grading: counseling skills, computer skills, report writing, management skills, personnel management, gender awareness, and administrative training.

As noted above, Staff Service Rules are in place at ASF. However, they need to be reviewed and written in clear language to prevent ambiguity. The regulations outlined in the Service Rules need to conform to labour legislation in Bangladesh (e.g. – maternity leave provisions). As well, the Service Rules need to be applied equally to all staff, regardless of their position.

To facilitate the flow of communication between all levels at ASF, members of the evaluation team recommended that regular staff meetings be held, with written minutes of the meetings distributed to all staff. It was suggested that units meet weekly and that general meetings with all staff be held quarterly. Staff want to become better informed about the role of the Trustee Board and be kept informed of decisions made at Board meetings. They also need a better orientation about the mission and objectives of the ASF.

#### Lessons Learned

- Long term planning is critically needed at ASF. “*Forward planning for charitable institutions is as important as financial planning*”, was a comment from a Trustee. Trustees and senior management staff need to jointly review ASF’s mission, vision and develop a long-term strategic plan for ASF, with the support and participation of all staff levels. The final plan should be disseminated to all staff. The long term strategic plan should be reviewed annually, to assist staff in developing annual work plans for Board review and approval.
- The roles, responsibilities, relationships and levels of decision-making of Trustees, Advisory Groups, the Executive Director, Senior Management, Line Managers and staff needs to be reviewed, clarified, documented and disseminated to all staff.
- It is important to understand the progress made by units at ASF. An analytical method of reporting (achievement-oriented, with monitoring indicators) must be introduced for line managers to report on their work, as well as staff performance. This would clarify the work achieved by each unit and would assist in improving work standards.
- The ASF needs organisational policies and procedure (e.g. personnel manual including staff assessment, recruitment and hiring strategies, human resource development strategy, salary scale/grids, financial and administrative manuals, promotion of gender sensitivity, etc.) and these must be developed with the participation of all staff.

#### **4.3.3 Knowledge, Skills, Motivation and Performance of ASF Staff**

Based on a confidential questionnaire completed by forty-eight out of fifty-seven ASF staffs the majority of staff agreed upon the following areas:

- Working Environment (e.g. ASF is a pleasant place to work; ASF values its employees; satisfaction with work space; reasonable work schedule; ASF is open to ideas and suggestions; I am proud of the work that I do; good relationships with co-workers, etc. )
- Professionalism in the work place (e.g. ASF places enough emphasis on the quality of services it provides; males and females are treated equally; there is a good understanding of what ASF needs to do to achieve its goals; effective communication with supervisors, etc.)
- The need for more staff training (e.g. staff training has a low priority; ASF does not strongly support staff training and professional development; lack of support for strengthening staff/building on strengths, etc.)
- The need for staff performance appraisals (e.g. The ASF does not conduct performance evaluations; my performance should be evaluated; employees should be recognized for their good work and criticized for their bad work; even oral praise can encourage workers and make them more committed to their work, etc.)

Staff were not in agreement with regard to the following issues:

- Satisfaction with salary and benefit levels (e.g. Almost half felt their salary was competitive in comparison with staff in other organisations; however, the majority of staff felt their current earnings did not reflect their performance; it is important to seriously evaluate the fees paid to an employee; the need for a provident fund, etc.)
- Knowledge of ASF's organisational values (27 staff did not know ASF's organisational values, while 22 staff said they knew ASF's values)
- ASF has effective problem-solving processes (e.g. 24 staff stated there were effective problem-solving procedures, while 21 did not agree with this statement and three did not know).
- Fair treatment of all employees in their work unit by supervisor (e.g. 22 staff stated they had fair treatment from their supervisor, while 20 stated their supervisors did not treat all employees in their work unit equitably).

#### Strengths

ASF staff are dedicated, committed, share the work load as a team and put the utmost effort into their work. The relationship between the staff and survivors is very warm, with a lot of patience and understanding. *"Staff are like sisters, mothers and aunts to us"*, comment from a survivor in a Focus Group Discussion. Comment from a Trustee, *"ASF's strength lies mainly in the service, its quality (high standard), sincerity and commitment of officers and staff"*.

#### Major Limitations/Gaps

Not all members of staff have job descriptions that accurately reflect the work they do and sometimes staff with the same job descriptions do different work and work different hours. As times work tasks change and job descriptions do not reflect the changed work responsibilities. In the staff questionnaire, 45 respondents stated the service provided to clients could be improved and 29 said they could help the ASF become even more successful. Some members of staff report they are losing interest in their job when assurances about improvements within the organization do not occur (e.g. filling staff shortages, increased salaries, improved medical facilities, etc.).

#### Lessons Learned

- Staff commitment and dedication are a vital force toward assisting the ASF in achieving its objective.
- The work carried out by staff needs to be assessed, and job description developed that clearly outline performance expectations. Requirements need to be assessed and staff shortages need to be filled accordingly.
- To enhance staff commitment and dedication, the ASF should initiate and implement annual staff performance appraisals to ensure continued quality of services provided to acid survivors.
- Skill development training requirements need to be assessed and training provided to close these skill gaps.

#### **4.3.4 Use of Financial Resources**

The ASF Trustee Board appoints a treasurer who, along with the Executive Director and Finance Manager, is responsible for overseeing the financial resources of the ASF. The treasurer must approve and co-sign any cheques for expenditures over fifty thousand taka. A financial audit is carried out on an annual basis, with the audit results presented to the Trustees during a Board meeting held in the first quarter of the year.

The number of donors and contributions to the ASF has increased each year and charitable trusts and organisations in several countries have expressed interest in supporting the work of the ASF. According to one Trustee, “*the ASF is making optimal use of its staff and financial resources*”. However, the demand for ASF services is growing and even with the increasing number of donors, additional funds are needed to ensure quality services for acid survivors.

**Table 6: Cost per Program Area in Taka**

<b>ASF Unit</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>
Notification & Referral	223,507	833,428	719,266
Legal	26,128	88,666	739,303
Medical	4,242,539	9,996,320	11,589,071
Social Reintegration	516,829	1,938,459	2,185,854
Prevention	9,700	28,742	24,891,615

In addition to individual contributions, for the period January – December, 2002 funds to undertake specific activities were provided by CIDA, BFF, Danida,, Fons Catalia, GTZ, HDF, HSBC Kadoorie, Royal Embassy of the Netherlands, Rotary International, SAAV, SCB, Shell, UNICEF, Unocal, USCCB, and WFWI.

**Table 7: Confirmed Contributions for 2002**

<b>Confirmed Contributions</b>	<b>2002(in Taka)</b>
Management and Administration	10,875,583 TK
Medical Support	6,422,757 TK
Rehabilitation Centre	4,881,433 TK
Rehabilitation Unit	866,667
Referral & Notification Unit	817,500
Legal Unit	1,500,144
Prevention Campaign	10,211,830
Fund Raising Campaign	349,905
Community Mobilization	140,525
Jibon Tara – ABU	5,397,986

To assist in developing a sustainable ASF Trust, the Trustee Board made a policy decision to set aside a percentage of funds received from general contributions. A number of additional suggestions to ensure sustainability of the ASF were made by staff during the mission, such as: the ASF could deal with other forms of violence against women; treat patients suffering from non-acid related burns; sell pressure garments to other clinics and hospitals; use ASF facilities for income generating activities; hold a lottery; purchase our own facilities so we do not have to spend funds on rent; involve local businessmen in undertaking fund raising initiatives; integrate ASF work with similar work done by government organizations to create pressure on the government to ensure the implementation of acid laws and to provide support to survivors, etc.

Major Limitations/Gaps

The work of the ASF is almost entirely dependent on donor funds for core and project funding. All too often the NGO Affairs Bureau takes a long time to give permission to release foreign funds and by the time permission is granted, valuable project time is lost. Donors providing funds to ASF have agreed to accept a common report on progress achieved on an annual basis; however, at present each donor requires a specific format, and time schedule, for reporting financial expenditures. To alleviate this time consuming and onerous process, there are discussions taking place between donors and the ASF to develop a common format and time schedule for financial reporting.

Lessons Learned

Given the increasing need for services to support acid survivors, the ASF needs to diversify and expand its funding base.

## 5 CONCLUSIONS AND RECOMMENDATIONS

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The ASF has made remarkable progress in its short existence. The organisation has grown very quickly; providing increasing numbers of acid survivors with support services – most significantly medical services to reduce the impact of acid burns. They have initiated a number of partnerships with organisations working in areas that support acid survivors (referral, medical, legal and social reintegration services) and brought the issue of acid violence to the attention of the larger community in Bangladesh. In this regard, the ASF has been able to influence the government to make two acid-related laws and create a National Acid Control Council and Acid Control Committees at the local level.

Since 1999 the number of staff has increased from two to sixty. Organisational systems have been put in place to support the services provided to survivors as well as to manage the increased numbers of staff. However, the organisation has grown faster than available resources – not only financial resources but staff resources, systems and procedures that ensure a well-managed organisation. For example, some staff said there are frequent changes in duties and responsibilities. They are concerned that ASF management tries to meet the needs of survivors by asking staff to accommodate problems as they arise, rather than having appropriate systems in place.

Prior to making any decisions about new activities, it will be important to consolidate the work of the ASF by undertaking a serious review of internal operations and management of the organisation as well as support services provided to survivors of acid violence. A draft action plan for the period 2004 – 2009 is attached as Appendix J. It encompasses recommendations that emerged as a result of the participatory evaluation/ formulation mission (see below).

### Recommendations

#### 5.1 Management and Internal Operations of the ASF

- Trustees and staff need to work as one unit, with a clear understanding of what work is needed to support survivors of acid burns and to reduce acid violence. To achieve this, trustees and senior management need to jointly participate in developing a long-term strategic plan for the ASF. The strategic planning process requires a review and agreement on ASF's mission (an organisation's purpose), organisational vision (what the organisation looks like, as it successfully implements its strategies and achieves its full potential), a SWOT analysis (the Strengths and Weakness of the ASF and the Opportunities and Threats of the external environment), identification of issues facing the ASF, the development of a strategy for dealing with these issues and a plan for monitoring and evaluating the agreed upon Strategic Plan. The final plan should be disseminated to all staff.
- The long term Strategic Plan should be reviewed annually by the Trustee Board and senior management, to assist staff in developing annual work plans.
- As part of the strategic planning process, the roles, responsibilities, relationships and levels of decision-making of Trustees, Advisory Groups, the Executive Director, Senior Management, Line Managers and staff should be reviewed, clarified, documented and disseminated to all staff.

- The ASF Trustee Board should review how it functions, including the selection of Trustees, decision-making processes, as well as their relationship with staff and survivors.
- An analytical method of reporting (achievement-oriented, with monitoring indicators) must be introduced for ASF line managers to report on their work and staff performance. This would clarify the working of each unit and assist in improving work standards.
- The ASF needs to develop organisational policies and procedures (e.g. personnel manual including staff assessment, recruitment and hiring strategies, human resource development strategy, salary scale/grids, financial and administrative manuals, promotion of gender sensitivity, etc.), and these must be developed with participation of all staff.
- An analysis of the knowledge, skills and responsibilities required to perform staff jobs at each level of the organisation needs to be carried out. Once the analysis is completed job descriptions should be developed that clearly outline performance expectations. Staff holding these positions need to be assessed against these performance expectations and skill gaps identified and reduced through training programs.
- A staff appraisal system needs to be developed and implemented on an annual basis. The appraisal system should be based on an assessment of staff knowledge and skills in carrying out the tasks outlined in their job descriptions. Good work should be acknowledged when staff have met or exceeded the job expectations. Gaps in knowledge or skill areas should be reduced through annual professional development plans.
- Management should meet regularly with staff to understand and discuss decisions, and written minutes of meetings need to be distributed. It was suggested that units meet weekly and that general staff meetings with all staff be held quarterly.

## **5.2 Support Services for Survivors of Acid Violence**

- Formal working relationships should be developed with partner organisations. Written policies about partnerships, including criteria and procedures for selecting partners and how activities should be planned, implemented, monitored and evaluated should be developed by ASF in cooperation with partners.
- While the work of the ASF is known in many parts of Bangladesh, information about their services has not yet reached the remote, rural areas. Networks need to be established with partner organisations at the grassroots level and in remote areas. Once developed, these networks need to be supported and nurtured.
- The feasibility of bringing all ASF medical units, with trained staff and other facilities to run such a specialised institution, under one single roof should be assessed.
- The relationship between the ASF and the Dhaka Medical College Hospital should be reviewed in order to enhance the services provided to acid survivors.