



Brown University and HAEFA Teams Visit the FDMN Camp Health Post

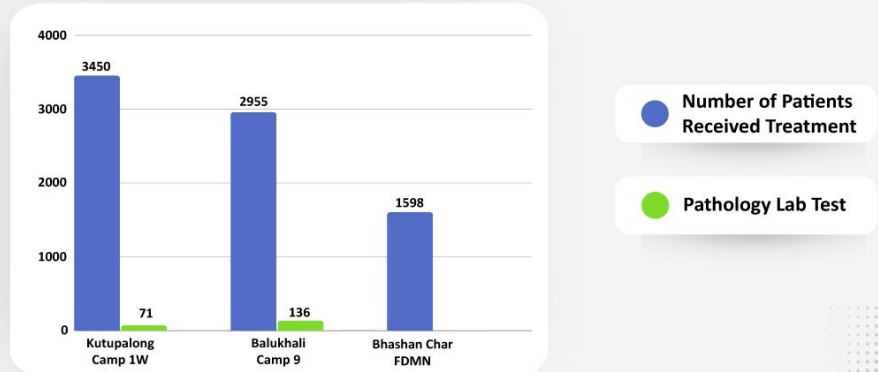
On July 17, 2023, Dr. Ruhul Abid (President/Co-Founder, HAEFA), Mr. Mohammad Monjur Iqbal (Senior Director, HAEFA), Dr. Sharon Rounds (Associate Dean for Translational Science, Warren Alpert Medical School of Brown University) and Dr. Bharat Ramratnam (Chief Scientific Officer, Brown Innovation and Research Collaborative for Health) visited the FDMN Camp Health Post, and expressed their appreciation for the exceptional quality of the Diagnostic Laboratory.



NCDC and HAEFA Teams Host NCD Training Session in Noakhali

On July 20th, 2023, HAEFA led a training session at Noakhali's Civil Surgeon Office as part of the initiative to enhance digitalization and capacity-building for the NCD Corner service providers. Dr. Masum Iftekhar, the distinguished Civil Surgeon, presided over the event. The presence of the revered Chief Guest, Dr. Md. Robed Amin, Line Director, NCDC, DGHS, added a touch of eminence to the occasion. Dr. Rafique-Us-Saleheen, Program Manager, NCDC, DGHS, lent his valuable expertise to the proceedings as well. The training also featured key personnel from various Upazila Health Complexes, including the RMO, Medical Officer, SSN, Statisticians and SACMO. Dr. Ruhul Abid, Associate Professor, Brown University and President, HAEFA, along with Dr. Samia Tasneem, Chief Consultant, HAEFA, served as the accomplished trainers, imparting their knowledge with dedication. During the concluding session of the program, Mr. Monjur Iqbal, Senior Director, HAEFA, actively participated and contributed to the Q&A segment. Mr. ATM Zafrul Hassan, Country Director, HAEFA, and his dedicated team took on the role of warm and gracious hosts

Health care delivery to FDMN population from HAEFA health camps in July



Visiting Patient at Camp 9 for Health Care Check-up

Family Planning Services

HAEFA's teams continue to conduct a monthly Family Planning session at FDMN Camp

July 2023

374 people were provided with different family planning care in the form of free condom, contraceptive and family planning counselling.

Cervical Cancer Screening Update : July 2023

Kurigram UHCs :

1,658 women received screenings at Kurigram UHCs. Seventeen were found VIA-positive.

Cox's Bazar VIA centers

1,893 women received screenings at Cox's Bazar VIA centers. 39 were VIA-positive.

HAEFA's New Endeavour: Mobile Health Clinics for Host Communities

In 2022, HAEFA introduced a weekly Mobile Health Clinic dedicated to improving the quality of life for neighbouring communities that provides free primary medical care services. The Mobile Medical team of HAEFA provided primary health care services for more than 284 host community members



HAEFA's Ongoing Projects

[Click on each to learn more](#)



Healthcare Services for Rohingya Refugees in Kutupalong, Balukhali and Bhashan Char



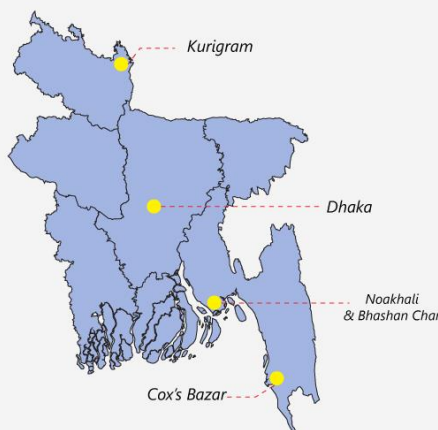
Cervical Cancer Screening in Kurigram and Cox's Bazar



Mobile Medical Health Clinics for Host Communities in Ukhiya



NIROG: Empowering NCD Care through Digitalization in Noakhali



ARTICLES

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NIROG: Empowering NCD Care Through Digitalization

By **Muhsin Billah Bin Khashru**

Non-communicable diseases (NCDs) have become a major health concern, significantly impacting mortality in the Noakhali district of southeastern Bangladesh. In efforts to improve the healthcare system, Health and Education for All (HAEFA), as a partner of NCDC, will execute the project "Implemetary research on NCD management in primary and secondary healthcare settings by integrating the electronic health record system in patient care with an approach of strengthening the healthcare system."

The project aims to implement an Electronic Medical Record (EMR) System and digitize the NCD Corners in Upazila Health Complexes across Noakhali. Led by HAEFA, this initiative seeks to establish a sustainable digital health platform that captures real-time patient data, facilitates secure information flow and allows instant retrieval of medical records during patient visits. The platform will also support longitudinal tracking of NCD patient data, treatment regimens and referrals. By enhancing healthcare efficiency and data management, the project serves to improve healthcare services and clinical decision-making for NCDs in the target area, contributing to better health outcomes and progress towards universal health coverage.



On July 20th, 2023, HAEFA led a training session at the Civil Surgeon Office in Noakhali as part of their initiative to enhance digitalization and capacity-building for the NCD Corner service providers. Dr. Masum Iftekhar, the distinguished Civil Surgeon of Noakhali, presided over the event. The presence of the revered Chief Guest, Professor Dr. Md. Robed Amin, Line Director, NCDC, DGHS, added a touch of eminence to the occasion. Dr. Rafique-Us-Saleheen, Program Manager, NCDC, DGHS lended his valuable expertise to the proceedings as well. The training also featured key personnel from various Upazila Health Complexes, including the RMO, Medical Officer, SSN, Statisticians and SACMO. Dr. Ruhul Abid, MD, Ph.D., Associate Professor at Brown University and President of HAEFA, along with Dr. Samia Tasneem, Chief Consultant at HAEFA served as the accomplished trainers, imparting their knowledge with dedication. During the concluding session of the program, Mr. Monjur Iqbal, Senior Director of HAEFA, actively participated and contributed to the Q&A segment. Engr. ATM Zafrul Hassan, the Country Director and CEO of HAEFA, and his dedicated team took on the role of warm and gracious hosts.



In the closing ceremony, Prof. Dr. Md. Robed Amin, Line Director, NCDC, DGHS, and Chief Guest, along with Dr. Masum Iftekhar, Civil Surgeon of Noakhali and Chair of the Event, shared their final thoughts. They praised the event and appreciated HAEFA's efforts to improve the current healthcare system. Dr. Masum Iftekhar, as the Chair of the Event, along with Dr. Ruhul Abid, MD, handed out certificates to the participants in commemoration of hard work. The closing ceremony left a lasting impression, encouraging participants to forge ahead in their pursuit of excellence in healthcare.

Cervical Cancer: Knowledge Empowers Action

By **Ishan Abdullah**

Cervical cancer poses a significant global threat to women's health, and Bangladesh is no exception. The country faces alarming levels of risk, with cervical cancer ranking as the second most prevalent cancer among women. Despite being highly preventable, 12,000 new cases of cervical cancer among Bangladeshi women occur annually, and it is estimated to cause one quarter of all cancer-related deaths in the country. When assessing the factors that contribute to these alarming statistics, screening resource disparity and lack of awareness are among the most pervasive. However, recent research has revealed another key factor in the equation. A study conducted by Afsana et al. (2018) suggests that the elevated rates of cervical cancer in Bangladesh may also partly be linked to a deficiency in public knowledge, rather than solely to awareness and screening resources. From the key findings among urban professional Bangladeshi women, almost all participants were aware of cervical cancer yet only half knew the most basic information about the causative virus. This highlights the importance of disseminating knowledge among Bangladeshi women. To encourage proactive measures in improving their health, the following provides essential information about the etiology and prevention of cervical cancer.

Cervical cancer is a type of slow-growing cancer that develops in the lower part of the uterus that connects to the vagina. Although the disease can happen for a female of any age, the disease rarely occurs in women under 25 and is most frequently diagnosed between the ages of 35-50. The most common cause of the cancer is from persistent and untreated infection with high-risk types of the human papillomavirus (HPV), which is a sexually transmitted infection (STI) that frequently occurs in both men and women. HPV is an extremely common viral infection with hundreds of different types; it is believed that 80% of all women will be infected in their lifetime by any type and 50% will be infected by a high-risk type. In 90% of HPV cases, the body's immune system will naturally rid itself of the virus within 2 years, and before a persistent infection becomes cancerous. Smoking and HIV are believed to amplify a woman's risk of developing cervical cancer by a factor of 6 as both weaken the natural immune defense against persistent high-risk HPV infection.

Following infection, the cancer normally proceeds with gradual precancerous cellular changes (dysplasia) that could present with common symptoms like vaginal bleeding and genital warts or entirely asymptotically. For women with healthy immune systems, identifiable cervical cancer may take 15-20 years to develop, while those with weakened immune systems still often experience at least 5 years before development. If the cancer is not detected and treated within that time frame, the precancerous cells become more invasive and grow uncontrollably. As the cancer becomes more advanced, women frequently experience symptoms such as pain during intercourse, pelvic pain, urinary incontinence, abnormal periods and discharge, as well as blood in urine. In end-stages of untreated cervical cancer, the disease often becomes fatal as it metastasizes to vital organs such as the lungs, intestines, bladder, and liver.

Fortunately, cervical cancer is one of the most preventable cancers, with the CDC estimating that 93% of cases can be prevented. Prophylactic HPV vaccines serve as the primary preventive method against cervical cancer and they have been shown to be 97% effective. The CDC highly recommends it for children aged 11-12 before they become sexually active,

but it serves as beneficial to all ages before infection occurs. The vaccination comes in both two and three dose forms depending on the age of the individual, and immunity can drastically reduce the risk of developing cervical cancer.

The COVID-19 pandemic severely delayed and disrupted HPV vaccines globally as UNICEF estimates that HPV vaccination coverage decreased by 15% since 2019. To reverse this backslide, UNICEF and Gavi, in collaboration with the Bangladesh government, has pledged to make free HPV vaccines available in September of 2023, with girls aged 10-15 receiving initial dosage. This effort is paramount towards protecting women in a country that is among the highest in disease burden, and addition to routine immunization programs will undoubtedly make a significant impact in preventative care.

Alongside HPV vaccines, adopting safe sex practices like using condoms helps safeguard against infection. Additionally, abstaining from smoking and refraining from other behaviors that can compromise the immune response further contribute to overall protection. However, the most proactive approach to ensuring one does not develop cervical cancer comes with routine screening from healthcare clinics.

As noted, the slow growing nature of cervical cancer provides ample opportunity for detection and timely intervention. The most common screening method for cervical cancer is a 10-20 minute Pap smear/test, which involves a provider using a swab to collect cells in and around the cervix, and then examining the cells under a microscope for signs of disease. The CDC recommends that women begin receiving Pap smears at the age of 21, regardless of sexual activity, and repeat the screening every 3 years until the age of 65. If HPV infection is suspected after a Pap smear, the provider will confirm the test with a colposcopy and/or cervical biopsy. If follow-up testing confirms a positive result, the care team will recommend immediate treatment options to remove the cancerous or precancerous tissues such as thermocoagulation (read HAEFA See-and-Treat below), radiotherapy, chemotherapy, conization of the cervix, loop electrosurgical excision procedure, or radical hysterectomy. When detected and treated in the earliest stage of the disease, survival probability can be observed in 80-99% of women compared to 20% at the end-stage.

From the information in preceding paragraphs, we hope to contribute to a greater level of cervical cancer knowledge among all women at-risk as well as proactive impetus towards preventative/treatment methods. Combined with providing knowledge to at-risk Bangladeshi women, HAEFA supports these ideals with an innovative and efficient means to prevention. Through the single visit See-and-Treat program, HAEFA providers are readily able to diagnose and treat cervical cancer at its earliest stages. This technique involves a healthcare provider applying a diluted 3-5% acetic acid (vinegar) to the cervix. Subsequently, a colposcopy is performed using a colposcope, a lighted, magnifying instrument, to examine the cervix, vagina, and vulva for disease indicators. If the results are VIA-positive, a potential treatment option is thermocoagulation, which employs heat from a mobile, reusable, battery-operated handheld device called a thermo coagulator to destroy affected tissue. Through this approach, HAEFA has been able to screen almost 70,000 women since 2019. With the power of knowledge and proactiveness, HAEFA continuously supports the fight for the improvement of women's cervical health.

Meet ATM. Zafrul Hassan, CEO & Country Director



Born and raised in Dhaka, Mr. Zafrul Hassan's educational journey began at Mother Teresa Catholic School, where he developed a strong foundation in academics and character. His dedication and hard work at Dhanmondi Government Boys' High School (DGBHS) and Dhaka College then secured him a seat at Bangladesh University of Engineering and Technology (BUET). After completing his undergraduate studies in civil engineering at BUET in 1984, he joined a government job at Metro Bangla, where he worked for five years. Seeking further growth and international experience, Mr. Hassan ventured to Saudi Arabia, where he spent the following five years specializing in highway construction engineering. However, his restless spirit and entrepreneurial drive led him to establish a business in Massachusetts, USA. It was during his

time in Boston that he reconnected with his friend from Dhaka College, Dr. Ruhul Abid.

Learning about Dr. Abid's humanitarian work with HAEFA sparked a profound desire in Mr. Hassan, and he decided to dedicate his skills and resources to making a positive impact in the lives of others. Mr. Hassan returned to his homeland in 2015 to take on an exciting role as HAEFA's first Country Director. Embracing this new opportunity, he set out to lead HAEFA in their mission of making a difference in the lives of those in need. His unwavering commitment to serving the community and addressing social challenges has propelled HAEFA towards achieving its mission and goals. Beginning his daily work as soon as he gets in the car, Mr. Hassan takes advantage of the time on the road to engage in important work-related phone calls. Once he reaches the office, his workday kicks into high gear, immersing himself in tasks related to supervision, planning, and plan implementation. Often the last person to leave the office, Mr. Hassan tirelessly completes pending assignments and ensures everything is in place for the next day.

Aligning with Dr. Abid's inspiring belief that every human in Bangladesh has the right to receive basic treatment services, Mr. Hassan considers this his guiding principle. The one word "every" reminds him of the importance of inclusivity and equal rights. It motivates him to work towards achieving Dr. Abid's vision of providing basic treatment services to every single person in Bangladesh, emphasizing the significance of healthcare as a fundamental human right. Mr. Hassan is determined to contribute towards fulfilling this dream by working tirelessly to ensure that healthcare services are accessible to all individuals, irrespective of their socio-economic background.

One of the challenges Mr. Hassan has faced so far is time management. He has a strong desire to engage in meaningful work every day, but this can sometimes be difficult to achieve due to numerous commitments and responsibilities. Sometimes, unexpected events or emergencies arise, further complicating his schedule and adding to the challenge of maintaining a consistent daily work routine. Despite these issues, Mr. Hassan remains determined and committed to his

work. “I understand the importance of consistent effort and recognize that every step taken contributes to making a positive impact,” He relays. “I find ways to optimize my time while ensuring each task is done with my humanitarian goals in mind.”

Under his guidance, HAEFA continues to expand its reach, implementing impactful programs and extending support to marginalized communities. Having dedicated his life to human services, Mr. Hassan has come to realize that true happiness and fulfillment come from serving others. With his unique blend of international exposure, government expertise and a deep-rooted commitment to social welfare, the Country Director of HAEFA foreshadows a transformative chapter in the organization's journey and the lives of those it serves.

Despite long hours of work, Mr. Hassan has always found solace in his favorite pastime of watching Bangladesh cricket matches and a deep affinity for the enchanting melodies of Rabindra Sangeet, a genre of music composed by the legendary poet and philosopher Rabindranath Tagore. These songs hold a special place in his heart, triggering a flood of emotions and reminiscent memories that take him back to his college days.

Meet Maya Sultana- 28 Years Old RA Patient

Three years ago, Maya Sultana (name has been changed for privacy), a 28-year-old who left Myanmar for Bangladesh, began experiencing stiffness and joint pain. Desperate for relief, she resorted to over-the-counter medications and later steroids, as suggested by a local pharmacy. Over the last three months, Ms. Sultana's condition worsened—she struggled to even change positions in bed.

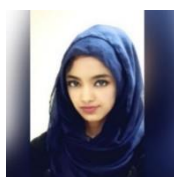


A turning point arrived when she sought help at a HAEFA clinic, where she was diagnosed with rheumatoid arthritis. A tailored treatment plan and a referral to a rheumatologist ignited her healing journey. Like many, Ms. Sultana's story attests to the perseverance and compassion with which HAEFA serves its patients.

Meet HAEFA's New Editorial Staff!

Dr. Samia Tasneem *Advisor*

Raihana Mehreen is the *Editor-in-Chief*, and joined HAEFA in 2019. She lives in Massachusetts, graduated from Boston University with a degree in neuroscience and public health and works at WellSense Health Plan.



Sajia Haque is an *Associate Editor*, as well as the Intern Coordinator for HAEFA, and joined in 2021. She lives in Dhaka, Bangladesh and is a fifth-year medical student at Holy Family Red Crescent Medical College.



Ishan Abdullah is an *Associate Editor*, and joined HAEFA in 2019. He lives in Washington, D.C., and is a first-year medical student at the George Washington University after he studied neuroscience and biological anthropology.



Areeb Uzzaman, an *Article and Interview Contributor*, joined HAEFA in 2020. He is currently based in Maryland, U.S., pursuing his undergraduate degree in international business at the University of Maryland, College Park.

