



Health and
Education for All



2021-2022
ANNUAL REPORT
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HEALTH AND EDUCATION FOR ALL 2021-22 ANNUAL REPORT

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Dear Friends,

These past two years have been filled with challenges we could have never imagined. Natural disasters such as flash floods, landslides, cyclones, and fires left death and destruction in their path. The violent persecution of the Rohingya population in Myanmar continued, forcing continued displacement and increased refugee populations. And of course, the COVID-19 pandemic shut down the world, especially threatening within the densely populated and at-risk Rohingya refugees. However, in the face of these challenges, HAEFA doubled its efforts and remained committed to providing free and quality medical services to all disadvantaged and displaced communities. Just like the communities we serve, HAEFA persevered.

As the COVID-19 pandemic continues to affect millions of people around the world, HAEFA has increased its efforts to combat the virus in the districts of Bangladesh and in the Rohingya refugee camps in Cox's Bazar. Despite limited resources and inadequate medical facilities, frontline healthcare workers and Bangladeshi physicians are working nonstop to quell the spread of the virus, provide treatment, and distribute vaccines. HAEFA has been relentlessly supporting these healthcare workers, providing PPE and critical COVID-19 clinical management training since April 2020. In addition, HAEFA has been aiding local communities who suffered from joblessness and wage reduction due to COVID-19 'lockdowns' through the COVID-19 Food Assistance program, providing food to more than 750 families in several districts of Bangladesh.

HAEFA partnered with Bangladesh's Ministry of Health and Family Welfare's Directorate General of Health Services (DGHS) to create an interactive Advanced COVID-19 Clinical Management Certification Course, available online (dghs.gov.bd) for the physicians in Bangladesh. This certification course, in collaboration with the CHRHS of Brown University, Project HOPE, USAID and SCIB, provides frontline workers with a standardized protocol to effectively assess and treat patients infected with COVID-19 at home and hospital. Another collaborative project with the CHRHS and Project HOPE, the Training of the Trainers (ToT) COVID-19 Competency program that focuses on training health workers on Infection Prevention Control (IPC), Screening, Diagnosis, Case Management, and Surge Management, has surpassed 3,000 trained healthcare workers and is adding additional modules on mental health resilience and vaccine education as vaccines become available in Bangladesh.

This year, HAEFA has further improved its technological innovation NIROG, an electronic medical record (EMR) system that captures a patient's medical record and allows follow up care by instant retrieval of data. Throughout the pandemic using NIROG, HAEFA has continued to provide healthcare with special emphasis on chronic infectious and non-communicable diseases (NCDs) including hypertension, diabetes, malnutrition, antenatal care, mental health to Rohingya refugees residing in Cox's Bazar as well as ready-made garment (RMG) factory workers in Dhaka and surrounding districts. Using NIROG for major NCDs including hypertension, diabetes, and cervical cancer, HAEFA aims to develop an EMR-based systematic national healthcare system in collaboration with the DGHS, which will help achieve a Universal Health Coverage (UHC) for Bangladesh by 2030.

When deadly fires and catastrophic floods tore through refugee camps in Cox's Bazar, HAEFA provided emergency relief support and is continuing to provide aid in the aftermath, which is only possible due to the generous support of our many individual, foundation and corporate donors including ICNE, Oak Foundation, PwC Global Office for Humanitarian Affairs, Project HOPE. The people of Bangladesh and the Rohingya from Myanmar have endured immense tragedies. HAEFA relies on public donations to support its humanitarian work and with your generosity, we will continue to fulfill our mission: providing free and quality medical care to Bangladesh's marginalized, oppressed, and underserved populations.

We thank you for your patronage.

Sincerely,

Ruhul Abid, M.D., PhD
Founder & President



EXECUTIVE SUMMARY

This report highlights the initiatives HAEFA has taken from June 2021 to July 2022 while also giving a brief history of the organization. Starting in 2012, US-based nonprofit Health and Education for All (HAEFA) began providing free healthcare to *readymade garment workers* as well as reproductive health services to women in remote areas. However, in response to the humanitarian crisis on the border between Bangladesh and Myanmar, HAEFA expanded its reach to Cox's Bazar in 2017 and began focusing its attention on treating *Rohingya refugees/Forcibly Displaced Myanmar Nationals (FDMN)* in its two health centers in *Kutupalong* and *Balukhali*. In March 2022, U.S. Secretary of State Antony Blinken officially declared the violent persecution of the largely Muslim Rohingya population in Myanmar as a genocide. Myanmar's military brutal and systematic persecution of the ethnic minority, including confirmed accounts of mass atrocities on civilians, has made this declaration only the 8th instance since the Holocaust that the U.S. has declared the crime of genocide.

The medical services provided by HAEFA are aided by *NIROG*, HAEFA's solar-powered electronic medical record (EMR) system that allows medical examiners to track patients' medical histories without electricity or internet. NIROG has aided with efficiently retrieving medical records and proactively initiating follow ups with patients with *chronic noncommunicable diseases (NCD)* and *infectious diseases*. This year was particularly difficult for the Rohingya living in the crowded refugee camps due to the COVID-19 pandemic and massive landslides that swept away homes, hospitals, and other essential service and community facilities. HAEFA's work was certainly complicated by these situations but new, innovative projects developed and implemented by HAEFA helped to ameliorate issues in the camps, nearby host communities, and in greater Bangladesh. Currently, HAEFA's healthcare professionals provide on-site healthcare services in 3 Rohingya refugee camps: *Kutupalong (Camp 1w)*, *Balukhali (Camp 9)*, and *Bhasan Char (Noakhali)*. A variety of healthcare services are available, such as COVID-19 care, cervical cancer screenings, maternal and preventive care, raising awareness on family planning and breastfeeding, conducting health screening, providing education on nutrition, hygiene and feminine health, promoting immunization programs for children and adults, and supplying medications. From January 2017 to June 2022, **222,342** Rohingya refugees/FDMN and host community individuals received free medical care and medicines in Cox's Bazar. Additionally, since 2020 in Bhashan Char, Noakhali, **28,389** Rohingya refugees/FDMN and host community individuals have received free medical care and medicines.

In February 2021, HAEFA teamed up with the Ministry of Health and Family Wellness's Directorate of General Health Services (DGHS), Brown University's CHRHS, Project HOPE, USAID, and SCiB to create the online *Advanced COVID-19 Clinical Management Certification Course* that covers the clinical knowledge and treatment, in line with standard international protocols, necessary for physicians to confidently treat COVID-19 patients. Since then, the course has expanded immensely with 1,995 physicians registered with 836 physicians completing the MCQ test and 426 doctors passing and achieving the certificate in November 2021. Furthermore, in collaboration with DGHS, United Nations Population Fund (UNFPA), FCDO, WB, and Brown University, HAEFA has continued to provide *digital "see-and-treat" cervical cancer screening and treatment* to women in hard-to-reach areas of Bangladesh. Over 50 million Bangladeshi women are at high risk of developing cervical cancer with an average of 17,686 new cases and over 10,000 deaths due to cervical cancer annually, according to the International Agency for Research on Cancer (IARC). Doctors, nurses, and midwives completed *cervical examinations with an acetic acid treatment and a colposcopy examination*. Women with positive colposcopy results were given *precancerous treatment (thermocoagulation)*, and patients with higher lesions are referred for further treatment. From November 2019 to June 2022, 53,285 women were screened for cervical cancer in Kurigram. From July 2021 to June 2022, 27,950 women were screened for cervical cancer in Cox's Bazar. In October 2021, a *semi-automated Diagnostic Laboratory* in Balukhali camp 9 was set up to complete tests for non-communicable diseases (NCD), such as lipid profiles, serum electrolytes and albumin, liver and renal function tests, and Hb%. Progress was also made within the organization as Brown University students worked with HAEFA to initiate collaborations, research, fundraising, and revamp the official website.



OUR MISSION

Health and Education for All (HAEFA) has the mission to empower global populations who are disadvantaged and displaced through health and education. HAEFA provides free, quality, and essential healthcare services to these populations, including Rohingya refugees from Myanmar, industrial workers such as garment factory workers and rickshaw pullers, and hard-to-reach people in the coastal regions who are underserved in Bangladesh. HAEFA invests in technological tools and advancements to respond to the specific medical needs of its patients and serve recipients in an efficient and accessible manner. HAEFA thrives to help achieve Universal Health Coverage by 2030 in Bangladesh.

OUR VISION

HAEFA envisions a world where universal health coverage is accessible to populations who are underserved and vulnerable around the world. HAEFA is a leader in providing humanitarian medical care to Rohingya refugees from Myanmar (Rohingya), garment factory workers in Dhaka Division, and women who are underserved in Kurigram and in Cox's Bazar, Bangladesh. HAEFA provides training to medical teams, support staff, and patient populations on hygiene, nutrition, and family planning in order to foster lasting positive living conditions.

HISTORY



ABOVE: Map of the Bangladesh and Myanmar border highlighting Bangladesh's Cox's Bazar district and Myanmar's Rakhine State. AJLabs. 2017. Aljazeera, Rohingya crisis explained in maps. [Link](#)

RIGHT: Map of Cox's Bazar district with the locations of HAEFA's medical teams in Kutupalong and Balukhali refugee camps. Adapted by Ren, Ingrid and Ren, Isaac from Sadh, Khan MNM a.k.a. nafSadh. 2015. Wikipedia Commons. [Link](#)

Health and Education for All (HAEFA) is a US-based, 501(c)(3) non-profit organization founded by Dr. Ruhul Abid in partnership with Dr. Rosemary Duda in 2012 to address the health care needs of ready-made garment (RMG) factory workers across Bangladesh. HAEFA has implemented efficient, seven-minute health screenings for noncommunicable diseases (NCDs) for this population and has provided over 40,000 health screenings and treatments for chronic diseases to the workers since 2013. In response to the mass exodus of the largely Muslim Rohingya population from Rakhine State, Myanmar in 2017, HAEFA has turned its focus to supporting the Rohingya refugees, currently residing in the southeastern coastal Bangladesh district of Cox's Bazar. The Rohingya people faced unspeakable atrocities at the hands of the government of Myanmar and require medical attention to address the short and longterm effects of the genocide, displacement, and living for decades as a persecuted minority. HAEFA operates three free medical clinics for Rohingya refugees, one in Kutupalong (the world's largest refugee camp), one in Balukhali, and one on the island of Bhasan Char. With the escalation of the crisis, the Rohingya refugee population in Bangladesh, aka FDMN (Forcibly Displaced Myanmar Nationals) has reached nearly 900,000 people. In addition, HAEFA also treats Bangladeshi people from the host communities who also suffer from little access to quality healthcare. As of June 2022, HAEFA has provided free medical care to over 250,731 Rohingya refugees/FDMN and host community people.



Tehnological Innovations

Novel Electronic Medical Record System (NIROG)

HAEFA's health care provision is based on effective, modern, and innovative technology. Recognizing the situation and resources available in Bangladesh, Dr. Ruhul Abid, with the support of Brown University Global Health Initiative and software development company Aprosoft, designed and developed an original Electronic Medical Record (EMR) system named NIROG, based on the Bangla word nirog, meaning "absence of disease" or "good health." NIROG is an entirely paperless and digitized record-keeping software uploaded onto tablets using bar-coded photo ID cards and fingerprint identification for patients. This HIPAA compliant system tracks and records encrypted patient data under unique identifiers that give doctors a high technology resource to provide accurate follow-up care. By mastering technological tools, HAEFA has increased the number of patients treated by four or five times, compared to using handwritten notes that need to be later transcribed.¹

NIROG is also capable of two-way communication between medical personnel and patients. After RMG workers are screened at their worksites, medical professionals send texts to the patients informing them of diagnosis results and of when the medical team will return to the factory for follow-up care. Patients can also update basic health measures such as blood pressure by sending in a text with their most recent information. This update is programmed to be included in their NIROG profile.

On the EMR tablets, the NIROG software uses the WHO's current medical classification, the Tenth Revision of the Internal Classification of Diseases (ICD-10), to diagnose and standardize treatment and management protocols for non-communicable diseases. HAEFA provides healthcare to patients suffering from hypertension, diabetes, malnutrition, chronic obstructive pulmonary disease, high-risk pregnancy, anemia, infectious diseases, and cancer.

¹ Lifespan. n.d. Refugee Medical Aid with Immediate, Lifelong Impact. [Link](#)

While NIROG is currently used exclusively by HAEFA, several organizations including the Coordination Cell, a group of organizations working in the refugee camps, and other NGOs and UN organizations have expressed interest in using the technology in their health centers as well.

NIROG Adapted for Refugee Camps

NIROG was originally created to track and improve the health of Bangladesh factory garment workers, but with the escalation of the Rohingya refugee crisis in 2017, the tablets have been further optimized to use solar powered batteries and to function without constant internet connection. This makes NIROG accessible in remote and rural locations like the Rohingya refugee camps, where the tablets are used offline to collect patient information and are then brought to a nearby town to upload data onto a secure and password protected database that authorized healthcare providers can reference. From the health care centers in the Rohingya refugee camps and in the mobile clinics of the garment factories, NIROG securely sends their patients' medical data to the databases of the Directorate General of Health Services, a division of Bangladesh's Ministry of Health and Family Welfare.

With the outbreak of the COVID-19 pandemic, NIROG has continued to prove itself essential through its usage to track the spread of COVID-19 in the refugee camps.

The data collection powered by NIROG is particularly significant for the Rohingya population, as their health data collection ended in 1982 when Myanmar stripped the ethnic group of citizenship and legal identity. Since the government of Bangladesh is not a signatory to the 1951 Geneva Convention on the Status of Refugees, they do not recognize the Rohingya people as refugees but rather Forcibly Displaced Myanmar Nationals (FDMN). Due to strained resources in a low-middle-income country (LMIC), Bangladesh hopes for the Rohingya not "to settle and integrate, but rather [wants] them to eventually be repatriated to Myanmar, as happened in the early 2000s,"² despite Myanmar stating a refusal to "take back Rohingya living in refugee camps since 2005."³

Since the UNHCR cannot determine how asylum cases are treated by individual countries, Bangladesh has not been required to grant the Rohingya population official refugee status, preventing the Rohingya people from accessing certain protections that would otherwise be provided under international law. Rohingya children born in Bangladesh are not registered at birth,⁴ and the Rohingya people are “denied freedom of movement, the right to work and the right to education.”⁵ However, the Bangladeshi government has welcomed the FDMN through the provision of land, food, and shelter through close collaborations with international organizations and NGOs like HAEFA. As an LMIC, Bangladesh endured significant environmental, health and financial costs to support 1.1 M Rohingya refugees since 2017. In recognition of the severe humanitarian crisis that has been occurring at the Bangladesh and Myanmar border, HAEFA strives to provide mindful and quality health care to the Rohingya refugees.

Future Directions for NIROG

In the future, Dr. Abid would like to find a way to bring NIROG’s innovative concept to Rhode Island. “My plan would be to target the population in Rhode Island that will not go to the hospital or for a regular checkup,” he said. “NIROG’s strength is to screen and diagnose the patients who wouldn’t be diagnosed otherwise. The underserved don’t seek help unless there’s a dire necessity because taking a day off of work means lost wages,” he said.

This technology has the potential to revolutionize care for low-income, disabled, elderly, and immigrant communities. Currently, HAEFA is looking towards receiving approval from the Rhode Island Department of Health but if approved community health centers (without the need for a nurse or doctor) could use the technology to screen for preventative and primary health issues. Chronic health issues such as heart disease, anemia, complicated pregnancy, and mental health disorders could be flagged.

² UNICEF. 2019. 18 months after exodus from Myanmar, Rohingya children at a crossroads. [Link](#)

³ O’Driscoll, Dylan. 2017. Bangladesh Rohingya crisis – Managing risks in securitisation of refugees. [Link](#)

⁴ Zaman, Sheikh Shahariar. Dhaka Tribune. 2017. Bangladesh govt reluctant to grant refugee status to Rohingya. [Link](#)

⁵ Prytz Phiri, Pia. Forced Migration Review. 2008 Rohingyas and refugee status in Bangladesh. [Link](#)



Pictured Above: Nurse using NIROG technology at a Bangladeshi Refugee Health Post

EMERGENCY RESPONSES

HAEFA's Response to the
COVID-19 Pandemic

- COVID-19 Training-of-Trainers
for Healthcare Professionals
- Advanced COVID-19 Clinical
Management Course
- COVID-19 Vaccine Awareness
- COVID-19 Food Assistance
Program

Rohingya Camp Fires

Rohingya Camp Landslides





COVID-19 Training-of-Trainers for Healthcare Professionals

In response to the COVID-19 pandemic, Jenna Mullen, an undergraduate student at Brown University, and Dr. Abid initiated a highly effective collaboration between HAEFA, Brown University, and Project HOPE to train healthcare workers in Bangladesh on how to handle COVID-19 treatment while keeping themselves safe. This collaboration resulted in a three to four day “COVID-19 Competency Training-of-Trainers (ToT) Program” in Bangladesh. Trainers from Brown who developed the training curriculum under the leadership of Dr. Adam Levine had previously worked as first-responders to the Ebola epidemic and were named TIME’s 2014 Person of the Year for their efforts. Drs. Adam Alusio and Stephanie Garbern of Brown University, Project HOPE, and HAEFA administered the initial training for healthcare workers from April 20 to 23, 2020. This first training trained 65 Bangladeshi healthcare workers from over twenty different organizations, including HAEFA’s permanent clinic staff.

The training program was developed in response to the high mortality and infection rate among Bangladesh’s healthcare workers. The Bangladesh Medical Association estimates that over 8,000⁶ healthcare workers have been infected with COVID-19 since the pandemic began. Healthcare experts have named lack of infection prevention and control measures, monitoring, proper management of hospitals, inappropriate use and disposal of safety PPE, and lack of training for dealing with patients as causes for the high mortality and infection rates. Given the gravity of the situation, it was imperative that these healthcare workers

HAEFA's physicians, midwives, lab technicians, health workers, IT professionals, project coordinators, and the chief operating officer (COO) have all participated in this program. The training was conducted online for Bangabandhu Sheikh Mujib Medical University Hospital (BSMMU), International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR), National Institute of Cardiovascular Diseases (NICVD), National Heart Foundation (NHF), Chest Hospital, Ukhiya, and Cox's Bazar's government and non-governmental physicians, nurses, and other health workers.

The first ToT training consisted of a four-day program of three hours of programming per day, administered via Zoom. Subsequent training consisted of three-day programs lasting four hours per day. The initial training curriculum following the ToT model was administered to 65 Bangladeshi healthcare workers, including HAEFA's staff. These 65 healthcare workers, now known as primary trainers, complete weekly rounds of secondary training in which they administer the training curriculum to other healthcare workers. As of December 2020, there have been four additional ToT training courses, resulting in 300 primary trainers who have gone on to train additional healthcare workers. In total, an additional 3,000 workers have been trained thus far.

The training is designed to focus on eight core competencies (outlined on the right). Together, these eight competencies are designed to deliver a comprehensive perspective on the most effective and efficient ways to address a COVID-19 outbreak in the refugee camps.

Eight Core Competencies of Training

1. Biology and Transmission Mechanisms to give trainees a better understanding of the biological and pathophysiological aspects of SARS-CoV-2 and the epidemiology of the virus
2. Infection Prevention and Control to reduce COVID-19 transmission and outbreak
3. Contact Tracing to understand different types of case definitions and the methods of disease surveillance used in health facilities
4. Screening and Triage principles to identify the level of intervention required by patients
5. Stabilization and Resuscitation to learn appropriate and necessary actions needed to stabilize or treat affected individuals
6. Diagnosis and Management to learn clinical presentation of the virus and to identify different diagnostic approaches
7. Health Facility Operations and Surge Capacity to understand how health care facilities can best prepare for over capacity and effective care procedures
8. Risk Communication and Public Health Messaging to appropriately communicate procedures regarding outbreak response



Testimonials from physicians who completed the ToT program

"From last year COVID-19 became a curse to us so its become a must to have a training session on covid. By giving pre and post test this training has cleared my confusion and every lecture was important, the all trainers were good and friendly to everyone so that we could ask our clarify our confusion. It become easy to train someone else."

- Dr. Sumashree Roy

"It's one of the most comprehensive covering all aspects of Covid-19 infection & management. HAEFA is doing excellent job on training Doctor's on COVID-19 management. Their ToT program is one of the best. "

- Dr. Samia Tasneem

"Knowing the updated information regarding treatment made me confident while writing prescription and secondly proper knowledge and demonstration regarding use of PPE (donning and doffing) protected me from unwanted exposure to infection. HAEFA is doing a great job , specifically during the ongoing pandemic the ToT program helped us to be more skilled, more confident, and to disseminate the knowledge to a great number of healthcare workers. So it was a great pleasure to share the international standard knowledge we got from HAEFA to our colleagues and to contribute more effectively to combat covid 19 pandemic. Thanks a lot to organizers and hats off to HAEFA."

- Dr. Madhabi Karmaker

"HAEFA is doing wonderful job by arranging the ToT program for healthcare workers. It will help us fight this pandemic more efficiently. I am now prepared with updated knowledge and can explain even small technical issues regarding pathology and treatment of COVID 19"

- Dr. Fatema Mahjabeen

Minister of Health's statement upon the inauguration of HAEFA's COVID-19 Clinical Management Course:

"On behalf of MOHFW, Bangladesh, It is my great pleasure to announce the launch of the 'Advanced COVID-19 Clinical Management Certification Course' developed by the Directorate General of Health Services (DGHS) in collaboration with Brown University's Center for Human Rights and Humanitarian Studies, Health and Education for All (HAEFA), and Project HOPE.

Recently, we are witnessing another escalation of COVID-19 cases. In order to address the ongoing pandemic and as part of a preparedness program, this collaborative training course has been developed to help all the government and private physicians to have the best evidence-based clinical knowledge about management of COVID-19 in Bangladesh. This self-learning clinical certification course has been developed in line with the most recent 9th version of the National Guideline for COVID-19 Management.

We are extremely grateful to Brown University, Project HOPE and HAEFA to develop this online training course intended for the physicians working at the UHCs, District, and Tertiary Hospitals (both government and private) in Bangladesh. I extend my sincere thanks to Prof. Dr. Meerjady Sabrina Flora, ADG (Planning and Development), DGHS to lead the Board of Advisors of this course, which were comprised of the national COVID-19 experts and specialist physicians in Bangladesh. I would also like to thank USAID and Save the Children's MaMoni MNCSP: COVID-19 Response Project to support the development and implementation of this project.

Finally, my best wishes and gratitude to all the physicians working at the frontline of the pandemic and risking their lives for the sake of others.

I wish all the best to all the participants of this timely course."



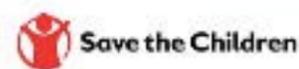
Mr. Zahid Maleque, MP
Honourable Minister
Ministry of Health & Family welfare
Govt. of the People's Republic of Bangladesh



Advanced COVID-19 Clinical Management Certification Course for Bangladesh

Developed by the Directorate General of Health Services, Bangladesh, Health and Education for All (HAEFA), Project HOPE and Center for Human Rights and Humanitarian Studies of Brown University, USA

Updated: June 2021



Advanced COVID-19 Clinical Management Certification Course

In February of 2021, HAEFA teamed up with the Ministry of Health and Family Welfare (MoHFW), Directorate of General Health Services (DGHS) to create the COVID-19 Clinical Management Certification Course in an attempt to address rising COVID-19 infection rates in Bangladesh. In collaboration with the Brown University Center for Human Rights and Humanitarian Studies, Project HOPE, USAID, and Save the Children's MaMoni Maternal Newborn Care Strengthening Project (MNCSP), HAEFA put together a three-module, online course that covers the clinical knowledge and skills necessary for physicians to confidently treat patients infected with COVID-19 (<http://covidlearning.dghs.gov.bd:8080/>). In addition to COVID-19, the course covers management of patients' nutrition, vaccinations, and mental health of both the patients and the healthcare professionals. From June 2021 to July 2022, 3,019 physicians have registered for the online course with 2,765 physicians completing the MCQ test and obtaining the certificate.

HAEFA President and founder, Dr. Ruhul Abid, was inspired to create this course when he realized that Bangladesh lacked up-to-date national guidelines standardizing the COVID-19 treatment process in hospitals and medical centers across the nation.

The online course (<http://covidlearning.dghs.gov.bd:8080/>) is available to all physicians in Bangladesh in a self-paced manner and is split into three different modules with an exam based on interactive case scenarios following each module. Module one covers case management of COVID-19 and includes an overview of the COVID-19 situation in Bangladesh as of May 2021. The corresponding case scenario goes over how to treat patients infected with COVID-19 in a low-resource setting, including in Upazila Health Complexes in rural Bangladesh. The second module covers the management of clinical illnesses, including topics such as recognition of COVID-19 symptoms in patients with critical illness, basics of stabilization, resuscitation, and mechanical ventilation. An emphasis is placed on recognizing and treating acute respiratory distress syndrome (ARDS). In the third module, complications of COVID-19 are discussed, including pediatric ARDS and pregnancy, with an emphasis on cardiovascular disease and neurological disorders. Following the completion of all three modules and their respective case scenarios, physicians have the option of taking a certification test to demonstrate their COVID-19 clinical management proficiency.



If physicians fail an attempt, they are permitted to retake the test as many times as is necessary to pass. Completion of all three modules is required to access the certification test.

HAEFA's clinical management course is meant to target the following participants: Upazila (subdistrict) hospitals, district hospitals, tertiary and medical college hospitals, private and corporate hospitals, outpatient hospitals, outpatient departments, and telemedicine and home management. While the course is meant for physicians in Bangladesh, Dr. Abid stresses that it could be adopted internationally as everything is taught in accordance with standard protocol for international treatment of COVID-19, helping physicians acquire the most up-to-date, evidence-based COVID-19 management clinical knowledge and skills in an easily digestible and interactive manner.

Dr. Tasneem (MBBS/MD Cardiology) emphasizes that the course is unique because it covers treatment of COVID-19 from a basic fundamental level all the way to advanced ICU settings, including thorough coverage of ICU complications. Its utility stems from the fact that it provides physicians across the country with a standard management protocol aids in the unification of COVID-19 clinical management knowledge that has been accrued over time.



"On behalf of the Directorate General of Health Services I(DGHS), MoHFW, Bangladesh, I would like to dedicate this 'Advanced COVID-19 Clinical Management Certification Course' to the healthcare professionals and workers of Bangladesh who have lost their lives during COVID-19 pandemic."

-- Professor Dr. Meerjady Sabrina Flora
Additional Director General (ADG) (Planning and Development)
The Directorate General of Health Services (DGHS), Bangladesh

Advanced COVID – 19 Clinical Management

• Module 1

Case Management of COVID-19

WHO UNICEF Project HOPE

Advanced COVID – 19 Clinical Management

• Module 2

Management of Critical Illness

WHO UNICEF Project HOPE

Advanced COVID – 19 Clinical Management

• Module 3

Complications of COVID-19

WHO UNICEF Project HOPE

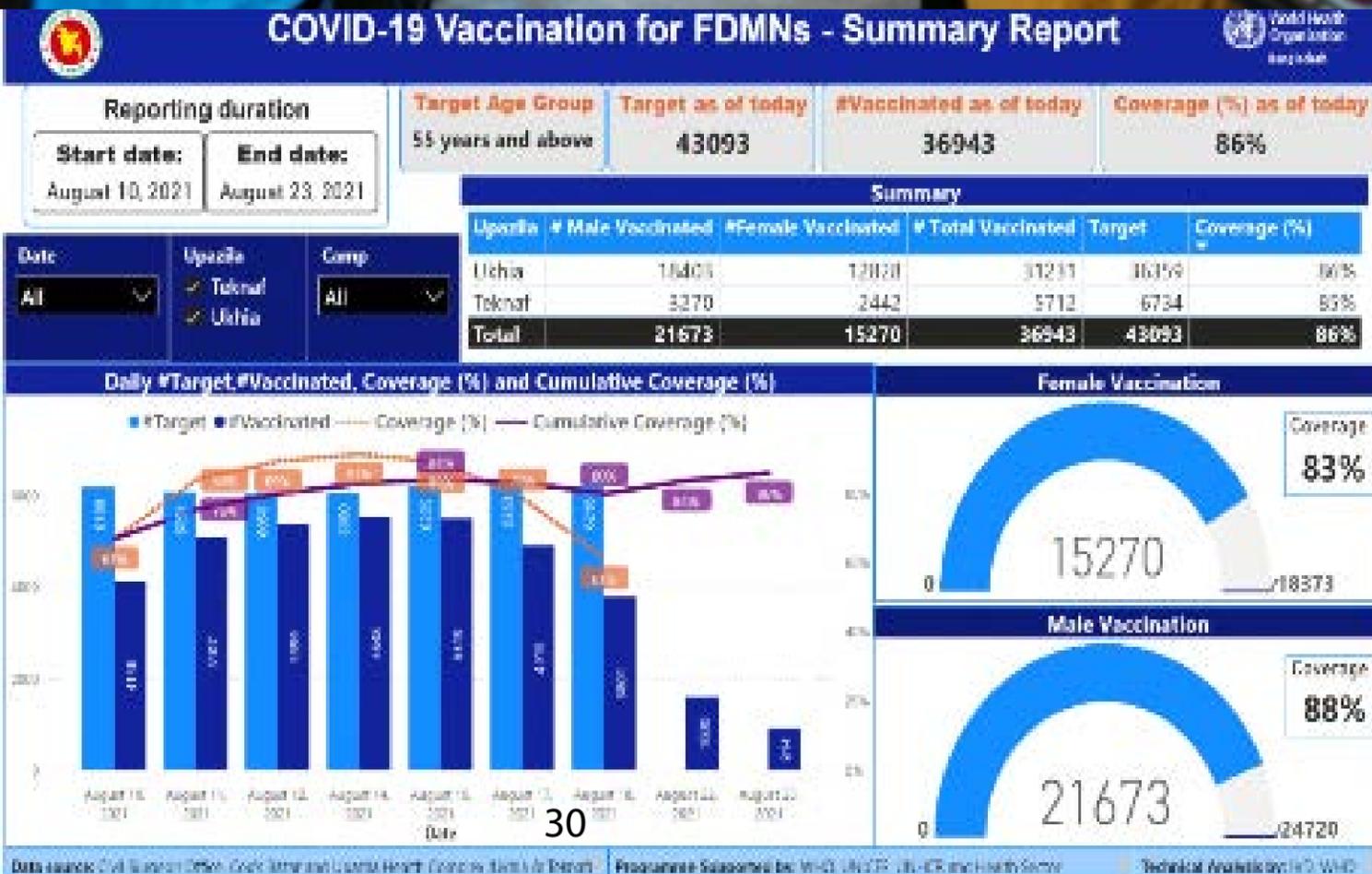


HAEFA's Role in Increasing COVID-19 Vaccine Awareness and Accessibility

In addition to properly training clinicians on how to deal with COVID-19 patients, HAEFA has also been heavily involved in increasing access to the COVID-19 vaccine. HAEFA and its partners, Project HOPE and the UNHCR UN Refugee Agency, have aided in the distribution and education about the vaccine. Equitable inclusion of Rohingya refugees in allocation of vaccines is critical to curbing the spread of the ongoing pandemic. HAEFA has offered counseling to many refugees who are contemplating receiving the vaccine and have traveled to various camps to explain how effective the vaccines can be at protecting their families from COVID-19.

Johannes Van Der Klaauw⁷, UNHCR's Representative in Bangladesh emphasized, "The Rohingya refugee and host community volunteers have an essential frontline role in containing the spread of COVID-19 in the camps. The first step in fully protecting communities; however, is through the rollout of vaccination. We are grateful to the Government of Bangladesh for having included Rohingya refugees in the vaccination campaign." Due to malnourishment and multiple comorbidities, Rohingya refugees have a higher likelihood of COVID-19 illness, hospitalization, and mortality, increasing the importance of vaccination. As of January 2022, in the second phase of COVID-19 vaccination in Ukhiya, more than 306,700 people were vaccinated, accounting for 79% of the total target population over the age of 18. While the threat of COVID-19 remains critical, HAEFA's efforts have helped to prevent outbreaks and save lives.

⁷ UNHCR. 11 August 2021. COVID-19 vaccinations begin in Bangladesh's Rohingya refugee camps. [Link](#).



COVID-19 Food Assistance Program

The COVID-19 pandemic has wreaked havoc on the economy of Bangladesh—with the unemployment rate reaching 5.3 percent (from 4.2 percent in 2019) and the poverty rate soaring to 40 percent (from 29.5 percent in 2020). More than 36 million people have lost their jobs due to the pandemic lockdowns and joblessness and an additional 10.5 million are currently at risk. Additionally, in 2021, 24.5 million people and almost 500,000 families dipped below the poverty line in Bangladesh. HAEFA responded to the joblessness crisis by delivering two-week emergency food supplies to 750 underserved families. The packages went to families in 5 districts of Bangladesh during Ramadan in May 2021 and 2022. Specifically to families of Dhaka, Manikganj, Kurigram, and the Sujanagar Upazila (including Shagorkandi, Hatkhali, and Najirganj Unions) of Pabna district, the packages were equipped with 10 kgs rice, 2 kgs potatoes, 1 kg lentils, 1 L cooking oil, sugar, salt, vermicelli, and soap.



Top: Food assistance bags distributed to the community
Bottom: Food assistance given out to the homeless





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Flooding and Landslides in the Rohingya Camps

On July 27, 2021, heavy rains ravaged the Rohingya refugee camps, displacing thousands of refugees and killing 11. At least 3 children were killed due to a large chunk of a falling hill crushing their homes. The torrential downpour gave way to flooding and landslides, which devastated the hillside of refugee Camp 11. Many other camps, such as the Balukhali camp, remained at risk of more landslides due to coastal flooding. 6,418 shelters were severely damaged and approximately 21,000 refugees were forced from their homes. The Rohingya people live in makeshift homes of bamboo, plastic tarps, and mud that are easily swept away. Thus, the relocation of these newly displaced persons proved to be particularly difficult. Rohingya and Bangladeshi volunteers were stalled in assessing many of the flooded shelters, and while 62 learning facilities were converted into temporary housing projects, the rehousing of thousands of affected refugees was difficult.

In addition to housing, there was a shortage of drinking water in many of the camps. Wells in Kutupalong Camp 2 and Camp 1 were inundated with the possibility of being submerged due to the rising floodwaters. Additionally, due to poor drainage systems and surrounding dense forests, HAEFA's medical center 1W Kutupalong was in danger of submerging. Maintaining food and medical supplies was also a major challenge, as many health centers were affected. Reports indicated that with more severe rainfall, the HAEFA health post at Balukhali Camp was in danger of being flooded or crushed by a landslide.



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Chemical Explosion in Sitakunda, Chittagong

Around 9 pm on Saturday, June 4, 2022, at least 49 people were killed in a fire that ran through a storage depot in Sitakunda, an upazila in Chittagong. As firefighters, police, and volunteers extinguished the blaze, the fire enveloped the 3,000-4,000 shipping boxes, with 33 that contained hydrogen peroxide, causing an explosion. The large explosion smashed windows, and the noise resounded half a mile away. Subsequent explosions were caused as the fire spread as ambulances scrambled to get the wounded to nearby hospitals overflowing with the victims, while some victims were airlifted to Dhaka. By two days after the incident, the fires and explosions had killed 50 people, with many in critical condition, many having lost their limbs, and others missing.

Reportedly, the depot contained millions of dollars of garments which were set to be exported to Western companies. Unfortunately, due to Bangladesh's garment industry being the world's second largest exporter of clothing, industrial fires such as these are not uncommon. According to the Bangladesh Fire Service and Civil Defense, over 21,000 fire-related incidents occurred in 2020.

Thus, as an organization that aims to support the wellbeing of underserved populations, HAEFA has decided to install fire safety and basic burn care training at HAEFA clinics. HAEFA will train and equip a group of team members with safety and preventive measures to be able to protect and care for the industrial workers and Bangladeshi people.

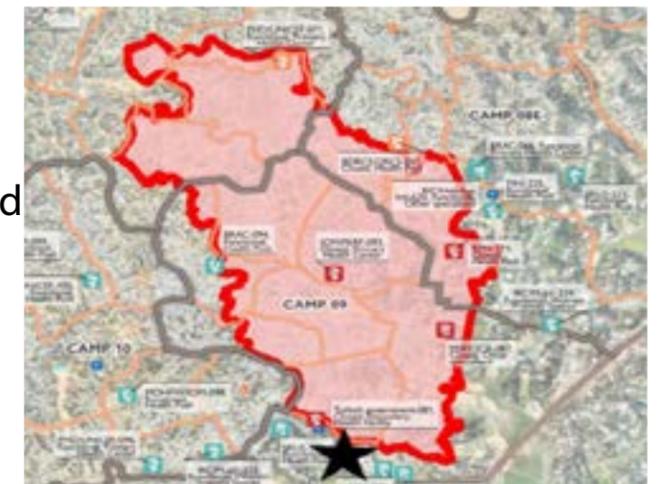


Fires in the Rohingya Refugee Camps

On March 22, 2021, a massive fire broke out in the Balukhali camps, Cox's Bazar. It began in Camp 8W and spread through Camps 8E, 9, and 10 for ten hours, killing more than 15 people and injuring over 560 refugees. In total, nearly 90,000 Rohingya refugees were directly affected, with 45,000 being forced to relocate and find alternative living accommodations within the camps. The fire, which is reported to have been fueled by flammable shelters and exploding gas cylinders, burned down healthcare centers as well as many other essential service facilities such as food and water distribution centers, mosques, and community and learning centers. The large magnitude of devastation could be attributed to the barbed wire that surrounds most of the camps, which made it difficult for people to escape and slowed firefighters from reaching the blaze.

HAEFA treated patients with minor burns and referred those with severe burns to other hospitals. However, because the fire destroyed all major hospitals within the affected area, HAEFA accommodated 125,000 additional patients with the medicine support of Project HOPE. Kind support came from the PwC Global Office for Humanitarian Affairs for the infrastructure and clinical teams. The tens of thousands of Rohingya affected by the fire lost most of their belongings and underwent another traumatic experience, having just recently survived the Myanmar military's genocidal campaign and decades of persecution in their homeland.

Since 2017, the overcrowded camps of Cox's Bazar have endured 73 fire incidents, with 2021 being the deadliest year so far due to large fires in January, March, and April.⁸



⁸ Fire becomes new fear for Rohingya refugees in Bangladesh. <https://tinyurl.com/2z7629rx> 39

Left: Destruction left by fire in Balukali refugee camp, March 22, 2017.
Right: Map of area affected by the fire.

HAEFA's Response to the Fires

In order to protect the wellbeing of the Bangladeshi people, HAEFA has taken measures to prevent further industrial fires. Thus, fire extinguishers and buckets of sand have been installed and placed at all HAEFA FDMN Health Clinics.

In addition, a training session for the plan of action in the case of a fire has been implemented. Md Jahidul Islam, Camp Coordinator of HAEFA's FDMN Cox's Bazar, attended a training session on Fire Safety and Basic Burn Care organized by the World Health Organization & Fire Service and Civil Defense CXB on March 28, 2022. Upon his return, he shared and demonstrated the key components of the training with the HAEFA staff of camps 1w and 09 on April 10, 2022. He focused on detailed instructions for the proper use of fire extinguishers, instructions on how to use each type of figure extinguisher, and information on scenarios that would lead to fire incidents.



Above: The Bangladeshi Ministry of Health (top center), CIC Hospital of Cox's Bazar (bottom left), Project Hope (bottom middle), and HAEFA (bottom left) have been coordinating their relief efforts



Ongoing Projects

Rohingya Refugees

Cervical Cancer Screening

HAEFA's Diagnostic
Laboratory in Balukhali

Family Planning

Weekly Mobile Medical Clinic

Educational Efforts





ROHINGYA FDMN (REFUGEES)

HAEFA began providing free medical care to Rohingya refugees in October 2017 after the Myanmar military’s brutal crackdown on the Rohingya population in Rakhine State, Myanmar, sent hundreds of thousands of refugees fleeing across the border to Bangladesh. HAEFA’s medical teams, based in Kutupalong (Camp 1W), Balukhali (Camp 9), and Bhasan Char, have provided healthcare to approximately 257,146 Rohingya refugees/FDMN and host community people in Cox’s Bazar from 2017 and in Bhasan Char from 2020 to July 2022 with over 4,600 patients receiving free healthcare services just in July 2022.

In March 2022, HAEFA, as an organization that provides non-discriminatory primary health care services, was determined to improve accessibility for patients with physical disabilities and limited mobility. Thus, the team installed a new handicap-accessible ramp at the FDMN clinic. Additionally, in August 2022, HAEFA completed a renovation of the health centers in camp 1w (Kutupalong) and camp 9 (Balukhali), including roof work and toilet renovation.

HAEFA provides free treatment and medicines at its two medical centers in addition to referral of patients who require tertiary care. The non-communicable, chronic, and infectious diseases treated include:

- hypertension, diabetes
- hepatitis, HIV
- arthritis
- tuberculosis
- dengue
- cancer
- gynecological conditions
- COVID-19
- malaria
- asthma and chronic lung conditions

HAEFA also provides maternal care, feminine health and hygiene treatment and education, nutrition and health education, and pediatric care. Passive screenings for tuberculosis (TB) are also carried out at HAEFA’s health centers. Pregnant women are examined at HAEFA’s clinics and are referred to the UNFPA hospitals if complications arise. Children with moderate acute malnutrition (MAM) are also treated at HAEFA’s centers with free vitamins and nutrition education given to parents. HAEFA’s medical team refer mental health patients to nearby government health centers and victims of sexual assault to UNFPA’s women-friendly centers after an initial screening by HAEFA’s GVB-trained health workers.

In July 2022, more than 2,430 patients visited Camp 1W in Kutupalong and received healthcare services. Additionally, 270 laboratory tests were conducted at HAEFA’s semi-automated NCD Pathological Laboratory. In Balukhali (Camp 09) during July 2022, more than 1,670 patients received healthcare services, and 345 laboratory tests were conducted at the semi-automated NCD Pathological Laboratory.

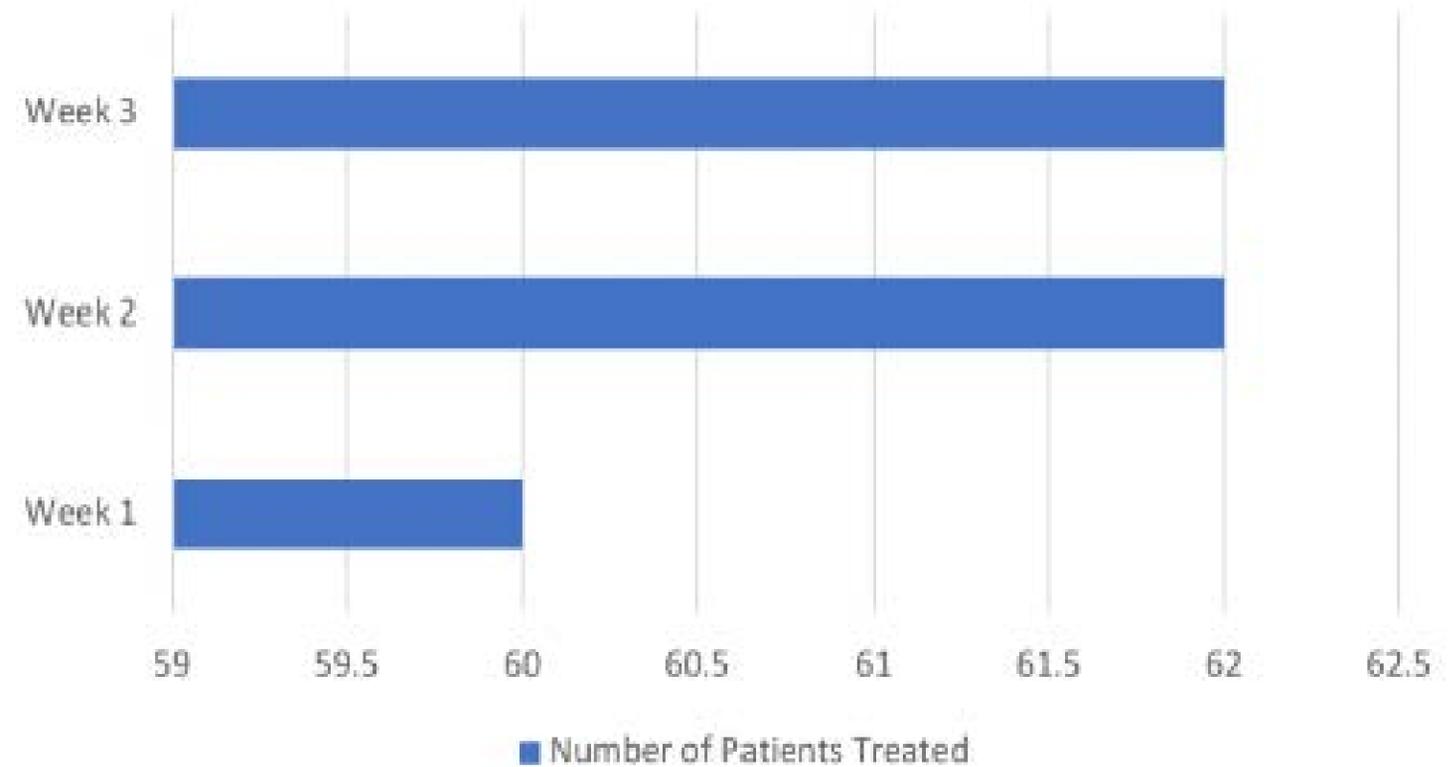
As of December 2021, the HAEFA team continues to provide family planning services and counseling in the Rohingya camps. A monthly family planning session has been conducted at Kutupalong camp 1w. In addition to providing free primary health care and both chronic and infectious disease treatment, HAEFA also administers immunizations and handles referrals for patients who require tertiary care. In May 2022, HAEFA medical doctors in Cox's Bazar also attended a training organized by the WHO on scabies control strategies and treatment.

Since the onset of the COVID-19 pandemic, HAEFA has trained 18 Rohingya volunteers on COVID-19 infection prevention control and symptomatic diagnosis. Additional services include symptom monitoring, treatment, and management, as well as hygiene package distribution, and contact tracing services.

HAEFA has also established a medical clinic in Bhasan Char, an island formed in the mid-2000s in the Bay of Bengal. The government of Bangladesh has constructed 1620 housing units and 120 cyclone shelters to accommodate the relocation of 100,000 Rohingya refugees from Cox's Bazar. So far, almost 20,000 Rohingya have been relocated to the island. HAEFA has been running a community clinic (shelter 66) on Bhasan Char since November 29, 2020, around the start of the official relocation process from 9:00 am to 2:30 pm. In January 2022 alone, HAEFA provided medical treatment and free medication to 2,170 patients in the Balukhali camp, 3,150 patients in the Kutupalong camp, and 1,710 patients in the Bhasan Char FDMN camp.

In June 2022, HAEFA set up a new weekly Mobile Medical Clinic in Ukhiya Upazila (subdistrict) with the consent of the Ukhiya Upazila Administration and the Upazila Health and Family Planning Officer (UHFPO). This medical clinic was needed due to the installation of enclosed wire fencing around the FDMN camp, causing the surrounding host communities to now have limited access to free medical screenings, treatment, medication, and follow-ups at the HAEFA medical clinics in Kutupalong and Balukhali. On the first day it opened, the team at the Mobile Medical Clinic treated over 40 patients already. The free services that were provided included screening and treatment for non-communicable chronic diseases (hypertension, diabetes, asthma, malnutrition), communicable diseases, and Family Planning services. In July, the HAEFA Health Clinic services for the host community were provided to more than 180 patients, at three different locations, including the Ukhiya Degree College, AKNC High School, and Palong Model High School, Ukhiya, Cox's Bazar, Bangladesh, respectively.

Number of Patients Treated



Top: Number of patients treated through HAEFA's Weekly Mobile Clinic
 Bottom: Rohingya refugees receiving treatment at HAEFA's clinic in Bhasan Char

CERVICAL CANCER SCREENING

Why is screening necessary?

Cervical cancer is typically caused by a long-lasting infection of human papillomavirus (HPV), one of the most common sexually transmitted infections of the reproductive system. While many HPV infections resolve naturally, certain oncogenic types can cause cervical cancer. Cervical cancer is one of the largest health issues facing the 58.7 million Bangladeshi women who are 15 years of age or older. The International Agency for Research on Cancer (IARC) reports that there are 17,686 women being diagnosed and over 10,000 deaths occurring annually in Bangladesh. In contrast, in the United States, this rate fluctuates between seven to eight cervical cancer diagnoses per 100,000 women.⁹ Not only is the diagnosis rate two to three times higher in Bangladesh, but diagnosed Bangladeshi women are five times more likely to die when compared to the US. In fact, it is the second most common cause of cancer deaths for women in Bangladesh and other developing nations.¹⁰

In collaboration with the United Nations Population Fund (UNFPA) and Directorate General of Health Services (DGHS), HAEFA has established a “See-and-Treat,” single-stop approach from 2019 to 2023 to diagnose and treat cervical cancer in its early stages (<CIN2). When diagnosed early in pre-cancerous form and managed effectively, cervical cancer is one of the most successfully treatable forms of cancer. Screenings take place daily (except for Fridays) from 9 am to 2:30 pm. By screening and treating pre-cancer lesions in women with cervical cancer, HAEFA hopes to bridge this gap in diagnosis and care for the many Bangladeshi women suffering from cervical cancer.

⁹ CDC US Cancer Statistics: Data Visualizations: [Link](#)

¹⁰ National Cancer Institute - SEER Program “Cancer Stat Facts: Cervical Cancer” [Link](#)



Pictured Above: Kurigram Cervical Cancer Screening Site

Inception of Cervical Cancer Screening Program

HAEFA has piloted a unique See-and-Treat cervical cancer treatment program in response to a regional lack of awareness and treatment of the disease. The screening program was spearheaded by Dr. Abid in partnership with Dr. Cu-Uvin. Dr. Cu-Uvin first established the Cervical Cancer Screening Program at Academic Model Providing Access to Health Care (AMPATH) and Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya. Dr. Abid and Dr. Cu-Uvin were awarded funding through Stars in Global Health by Grand Challenges Canada to introduce cervical cancer screening using the “See-and-Treat” method to the RMG workers from March 31, 2018 to March 31, 2019. The See-and-Treat method consisted of a single-visit approach using Visual Inspection by Acetic Acid (VIA), accompanied by mini-digital colposcope (mobile-ODT) and thermocoagulation.¹¹

Accessibility has been a major issue with this program. “People come into the clinics, and then they get screened,” said Dr. Susan Cu-Uvin, director of the Brown Global Health Initiative (GHI), “but the rest of the population, particularly in rural areas where they have no direct access to services, are not being screened.” Thus, HAEFA has prioritized rural areas with little to no access to healthcare for the program.

Funding for this project has been provided by The World Bank as part of the Health and Gender Support Project with technical support being provided by UNFPA.



¹¹ Khan, Md. Saim. Report Inception and Training on Cervical Cancer Screening and Treatment Project in Kurigram and the Cox Bazar.

Basis of the See-and-Treat Method

The See and Treat program focused on teaching female healthcare providers how to screen for cervical cancer using the visual inspection with acetic acid (Visual Inspection by Acetic Acid) method equipped with a hand-held, mini-colposcope. Women were chosen for the training so that the female patients would feel comfortable. VIA involves performing a vaginal speculum exam in which a health care provider applies diluted three to five percent acetic acid (vinegar) to the cervix. In order to complete VIA, HAEFA trained participants to use technology from MobileODT (Optical Detection Technology), a mini-colposcope. In order to detect early pre-cancerous lesion followed by treatment (thermocoagulation), HAEFA provides counseling, obtains informed-consent, and performs screening and treatment to married women ages between 30-60 in 9 upazilas (UHC) of Kurigram districts in Bangladesh with the technical support of Brown University, DGHS, and funding support from UNFPA.

Trainees learned to:

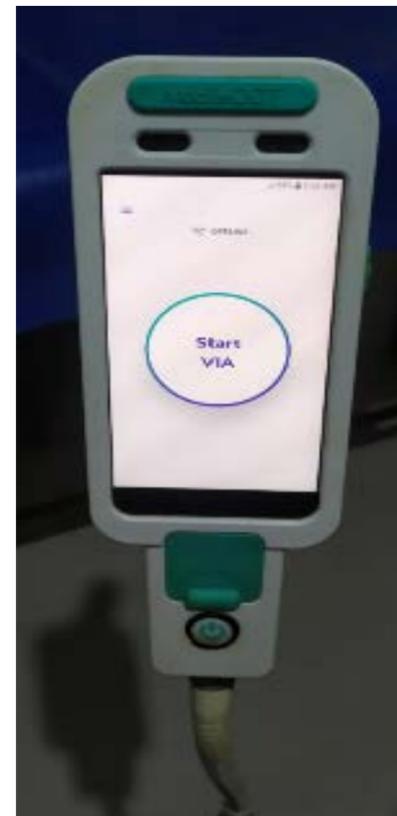
- input data
- use an examination table
- prepare an instrument tray with cotton swabs, sterile vaginal speculums, examination gloves, and acetic acid.

For those who tested VIA positive, thermocoagulation was a possible treatment, which uses heat to remove cancerous tissue. After treatment, the superficial epithelium layer of the cervix blisters off, and the stroma and glandular crypts beneath the epithelium are replaced by desiccation. The destroyed tissue removes the threat of cancer.



Above: MobileODT Device used by HAEFA’s medical teams during gynecological exams

Left: Thermocoagulation device used for those who test VIA positive





Cervical Cancer Training

Both Dr. Abid and Dr. Cu-Uvin traveled to Kurigram from October 2019 through January 2020 to provide training and continue refresher training for the hospital staff working on the project in the sub-districts of Nageshwari, Ulipur, and Chilmari. They also conducted a refresher training course for midwives and nurses as well as a training for new midwives and nurses joining the project.

This new training included:

- cervical cancer case reviews
- hands-on training from the district hospital
- meetings with staff from United Nations Population Fund and DGHS

Several more trainings have been held from 2021 to 2022. A refresher training was given in January 2022, in which Prof. Dr. Susan Cu-Uvin demonstrated practical skills on data input, imaging, and screening using Mobile ODT in the presence of senior OBGYN consultants, medical officers, midwives, paramedics, and SSNs. In April 2022, HAEFA organized a National Colposcopy Training at Bangabandhu Sheikh Mujib Medical University (BSMMU) in Dhaka for HAEFA's medical team members and government senior staff nurses and midwives. The training was organized by UNFPA and financially supported by HAEFA's Cervical Cancer Project. The goal was to train the service providers with a mobile digital colposcope and a hand-held portable thermocoagulator for diagnosis and treatment, respectively.

In September 2021, Community Facilitators of HAEFA have implemented door-to-door awareness sessions throughout the community and are encouraging women to participate in visual inspection by acetic acid (VIA) screening. Consequently, the number of VIA screenings increased significantly. The team has continued to build awareness among the community.

If a woman has tested positive through the initial VIA screening, she is referred for further investigation. HAEFA consequently sets up a second VIA screening test and colposcopy in Cox's Bazar Sadar Hospital, where both colposcopy and thermocoagulation are performed.



Top: Basic training on Colposcopy in 2022 52
Bottom: Hands-on training

See-and-Treat Screening in Kurigram

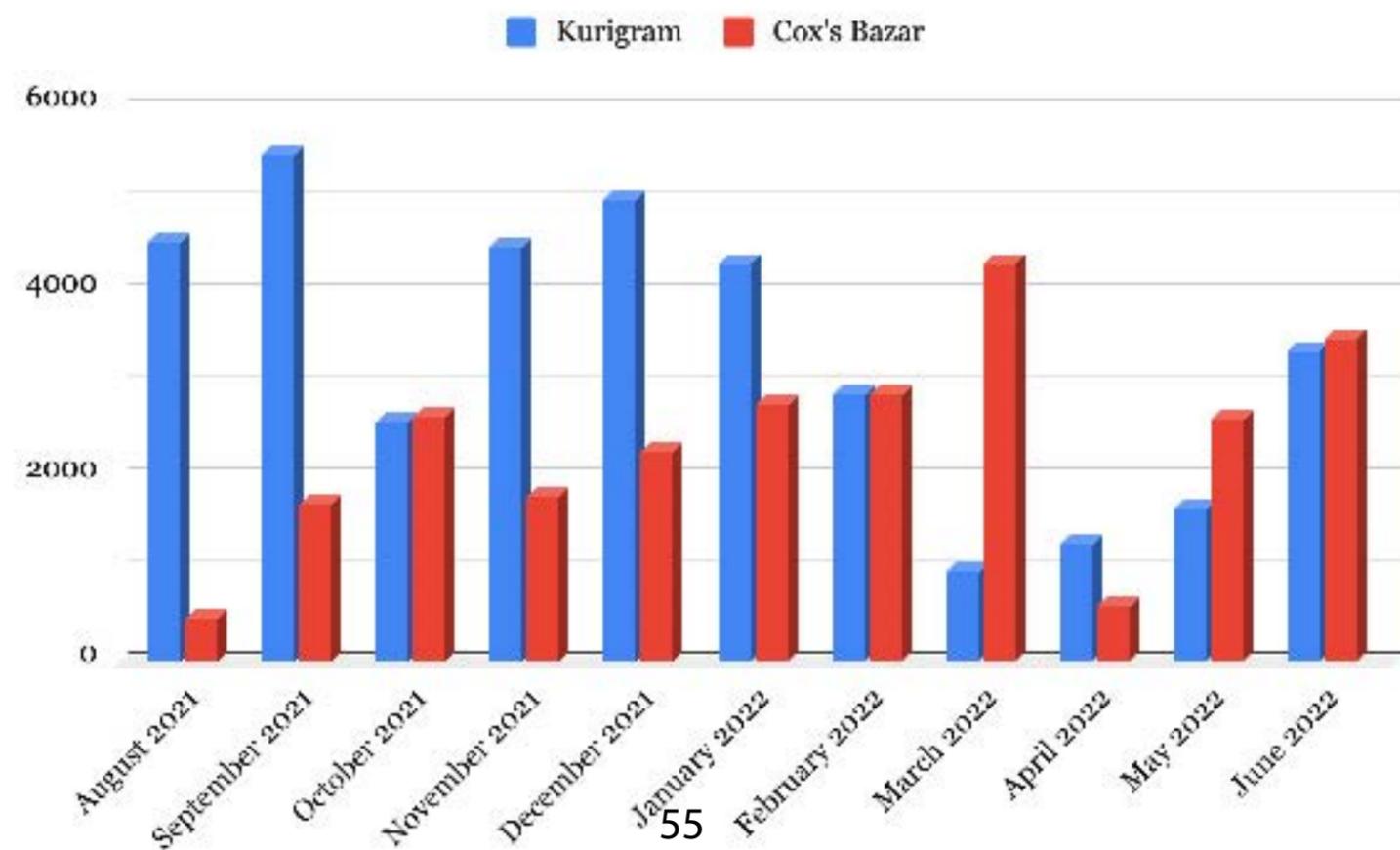
Since October 2019, the HAEFA cervical cancer screening team has worked in 3 subdistricts/upazilas of Kurigram: Ulipur, Chilmari and Negashwari. Unfortunately, due to the COVID-19 lockdowns, the cervical cancer team was forced to postpone the expansion into all 9 upazilas. In 2021, HAEFA has finally expanded to all 9 subdistricts, where women between the ages of 30 and 60 years are notified of the screening availability by community leaders and mobilizers. Since then, several camps were organized to provide VIA/mobile colposcopy screenings by midwives/nurses with same-day/on-site treatment with thermocoagulation by physicians for positive VIA patients. In December 2021 alone, more than 5,000 women were screened for cervical cancer, of which 30 received treatment.

When the camps reopened, as outlined in the “see-and-treat” approach, the women underwent VIA/mobile colposcopy screening by midwives/nurses with same-day/on-site treatment with thermocoagulation by physicians for those with positive VIA. Additionally, in October 2021, HAEFA was pleased to see that chemotherapy (that began in September 2021) was completed on a patient with an advanced lesion at the National Institute of Cancer Research & Hospital (NICRH) in Dhaka.

In July 2022, HAEFA provided over 1,100 women with cervical cancer screenings conducted in the 9 Upazila Health Complexes (UHCs) and 6 camps. 10 women received treatment after the initial screening test and a few were referred for further investigation and treatment. Overall, from November 2019 to July 2022, 54,347 women were screened for the detection of early-stage cervical cancer in 9 Upazilas of Kurigram.



Total number of Cervical Cancer Screenings in Kurigram and Cox's Bazar per month



See-and-Treat Screening in Cox Bazar

HAEFA has also expanded their cervical cancer screening program to the Cox Bazar and has appointed a Project Coordinator, two medical officers, one IT manager alongside two assistants, one project assistant, and two office assistants for the site office in June 2021. On September 28, 2021, an online training was created by the HAEFA Cox's Bazar team on VIA Counseling for 18 new Community Health Facilitators (CHF). The training gave "background knowledge of the local community, cervical cancer etiology and benefit of early diagnosis for better VIA Counseling and Community Mobilization." The Project Coordinator and other team members of the Cox's Bazar HAEFA project team attended the training.

In November 2021, the HAEFA Cox's Bazar team organized VIA camps for the first time. Four VIA camps were assembled in Ramu, Cox's Bazar Sadar, Chakaria, and Pekua Upazila. Around 450 women were screened. VIA camps have continued to be arranged throughout the beginning of 2022, screening hundreds of women.

Most recently, in May 2022, over 2,635 women were screened in 7 Upazial Health Complex VIA centers and 11 VIA camps in the respective Upazilas of Cox's Bazar. 11 cases were found positive through the initial VIA screening test and referred for further investigation and treatment. Overall, from July 2021 to July 2022, 30,429 women were screened for the detection of early-stage cervical cancer in 6 Upazilas of Cox's Bazar.



WORLD BANK GROUP



Funding for the Cox Bazar cervical cancer program has come from the World Banks. Technical Support has been provided by the UNFPA.



Rohingya Refugee Camp Cervical Cancer Screening

In 2019, the See-and-Treat method was additionally implemented in the Rohingya refugee camps. Cervical cancer screenings are incredibly important for this population given the prevalence of sexual assault that have unfortunately been known to occur in the Rohingya camps. There were high hopes for the program in the camps given the success in the garment factories and the Kurigram district. However, due to cultural differences in the camps and poor messaging tactics, the initial initiative was not a success. Due to several decades of persecution in Myanmar and lack of awareness about cervical cancer, the Rohingya FDMN/regular population is highly conservative and less receptive of any new health information. In addition, they were not used to preventative and other healthcare services in Myanmar, especially about the pelvic exams that the screening required and many were not properly educated on the importance of cervical cancer screenings for the early detection of cancer. To make matters worse, with the onset of the COVID-19 pandemic, the treatment program in the camps had to be postponed.

However, learning from the previous initiative, HAEFA is planning to treat women at both of the HAEFA health centers in Kutupalong and Balukhali and to launch a major post COVID-19 cervical cancer screening campaign. At the forefront of this campaign, HAEFA plans to emphasize health education on cervical cancer screening and treatment by HAEFA's signature "see-and-treat" digital method. In addition, HAEFA will work with community leaders such as the mosque imams to sway the support of husbands who have a large influence on their wives' lives in the camps.

In June 2022, HAEFA's national team evaluated HAEFA's "UNFPA Cervical Cancer Screening, Detection, Treatment, and Elimination in Kurigram District" project. The findings demonstrated that more than 50,000 women were screened treated as part of the HAEFA-UNFPA Cervical Cancer Program.



Top: Awareness building counseling in refugee camps
Bottom: Cervical Cancer team at Kutupalong Camp

HAEFA's Diagnostic Laboratory, Balukhali Health Center

Due to the scarcity of diagnostic services at the medical facilities in the Rohingya refugee camps, HAEFA partnered with the PwC Global Office for Humanitarian Affairs to establish a new pathology laboratory in Balukhali camp 9. The lab started functioning in December 2021 with the support of PwC. LABAID, a leading organization for modern pathological laboratories in Bangladesh, provided the technical support which was crucial in achieving WHO, national, and environmental compliance for the lab. This laboratory is key in achieving the highest level of quality to diagnose medical conditions, monitor diseases, and evaluate treatment of patients. With this goal in mind, the facility is available for free for the refugee population and for local communities in the surrounding region, such as Ukhiya and Kutupalong.

This semi-automated, climate-controlled facility runs tests for patients who visit the health posts with non-communicable diseases (NCDs) such as diabetes, hypertension, and more. A few of the tests that are carried out in the center include:

- Serum creatinine
- Bilirubin test
- Random Blood Sugar (RBS)
- Widal test – TO, TH, AH, BH
- Serum urea
- Liver function tests (SGPT, SGOT)
- Renal function tests
- Urea creatinine
- Lipid profiles
- ASO (Anti-streptolysin O)
- Hemoglobin A1C tests
- Serum electrolytes and albumin
- Dengue
- Hepatitis C



HAEFA's Diagnostic Laboratory, Balukhali Health Center

On October 1st, 2021, the laboratory was tested for a dry run, and after getting clearance from all relevant authorities, the HAEFA Diagnostic Laboratory began full operation on January 19th, 2022. In early December 2021, several of HAEFA's leaders came to the NCD-focused Pathological Laboratory for a visit and were very impressed with the standard and services of the laboratory. Prof. Dr. Robed Amin praised HAEFA and PwC Services Ltd for establishing such an efficient NCD focused pathological laboratory in the FDMN Camp settings, and mentioned that such a "model NCD focused pathological laboratory" at the sub-district levels will be very helpful for NCD managements in Bangladesh.

In conjunction with the kind structural support from PwC Global Office for Humanitarian Affairs, the HAEFA Diagnostic Laboratory also received the technical guidance and support from LABAID, a leading renowned diagnostic organization in Bangladesh. Two HAEFA Laboratory Technologists, consisting a Clinical Laboratory Technologist and an Assistant Clinical Laboratory Technologist, received the five days of refresher training from LABAID HQ. A basic laboratory operational training on how to run lab operations effectively and efficiently were given out to the trainers of HAEFA in addition to the management of laboratory waste. Furthermore, LABAID gave significant required advocacy and direction in the laboratory structural design, the development of the HAEFA Bio-medical Waste Management Standard Operating Procedure (SOP), the designing guidance to the Effluent Treatment Plant (ETP) of the Laboratory Liquid Waste Treatment Plant, and the assistance on procurement of the finest and most advanced machines and equipment for the laboratory. Aside from that, LABAID has remained a consistent mentor to HAEFA throughout the process of establishing the HAEFA Diagnostic Laboratory.



Project HOPE's Mental Health and Resiliency Training-of-the-Trainers

Since November 2021, in collaboration with Project HOPE, Brown University, CHRHS, partners at the National Institute of Mental Health, and BSMMU, Dhaka, HAEFA has implemented "HERO-BANGLADESH," an online Mental Health and Resiliency Training-of-the-Trainers (TOT) for frontline healthcare workers including physicians, nurses, and paramedics of Bangladesh. This online, live, and interactive training course has two modules: Module 1: Overview of Stress; and Module 2: Management of Stress and Building Resilience.

It is a Free of Cost two-day course led by the mental health experts of BSMMU, NIMH, and volunteer physicians and enthusiasts of Bangladesh and the USA. From October 2021 to February 2022, master trainers conducted two monthly training sessions. After completing both modules, trainers get a "Training Completion Certificate" and other training materials. Participants of the TOT will then conduct cascading trainings to share mental health resources within their networks.

By April 2022, HAEFA and partners trained 434 healthcare providers, public health and humanitarian workers, and other professionals as trainers for the HERO-BANGLADESH Mental Health and Resiliency curriculum. Then, through the TOT model, over 6,000 healthcare workers were able to receive cascading training in mental health and resiliency in more than 35 districts in Bangladesh. Thanks to the many partners (NIMH, BSMMU, DGHS, DMCH) who made this program a success.



MENTAL HEALTH & RESILIENCE DURING COVID-19



- TRAINING OF TRAINERS -



TRAINING FOR HEALTH CARE AND FRONTLINE WORKERS:

This four-hour virtual training is administered in two modules over two days. It is in Bangla with some English:

- Module 1: Overview and identification of stress
- Module 2: Skills for coping & stress management

DATES (all 8:30pm -10:30pm BST):

- November 15 and 16
- November 25 and 26
- December 2 and 3
- December 9 and 10
- December 23 and 24
- January 6 and 7
- January 13 and 14

TRAINING REGISTRATION:
<https://tinyurl.com/HAEFA>,
 or email
mental_health@haefa.org

OPEN YOUR CAMERA AND POINT AT BOTH QR CODES



TRAINING CERTIFICATION BY PROJECT HOPE & HEALTH AND EDUCATION FOR ALL

EDUCATIONAL EFFORTS

HAEFA also has been promoting education among underserved populations.

SCHOLARSHIP PROJECT

The “M A Malek - HAEFA Education Scholarship” project was launched on December 30th, 2020 with the goal to provide financial aid to meritorious and underprivileged students of Bhawal Mirzapur Haji Jamir Uddin School and College in Gazipur, Bangladesh to support and encourage the continuation of their studies. Each year, HAEFA receives FC-1 approval from NGOAB of Bangladesh and provides scholarship to students. Last year on May 10th, 2021, HAEFA was awarded the “M A Malek Education Scholarship” to 20 students from class six to class twelve. HAEFA’s grant of \$2,900 USD (2,43,455 BDT) was 100% distributed among the recipients, with each scholarship amount ranging from BDT. 10,000 TK to BDT. 13,623 TK per student. The ceremony was chaired by Mr. Abdullah Al Zaki, Upazila Nirbahi Officer of Gazipur Sadar and included Chief-Guest Mr. Md. Mohsin, Joint Secretariat, Ministry of Disaster Management and Relief of Bangladesh and special guests: Engr. A T M Zafrul Hasan and Mr. Mohammad Monjur Iqbal.

SPECIAL NEEDS SCHOOL

HEAFA provided funds and logistical support to build a school for special needs children located in Bahar Charaof Cox’s Bazar district. This school, Arunodoy School, will specifically serve students with learning disabilities such as autism. These students have previously lacked the institutional and individualized support they needed, and therefore will greatly benefit from this project.

TOP: Student receiving the scholarship from the honorable guests

BOTTOM: Statue from the new Arunodoy School



Outreach

Fundraising and Partnerships

Awards and News

Webinars and Interviews

Collaborations





FUNDRAISING AND PARTNERSHIPS

From July 2021 to June 2022, thanks to HAEFA's fundraising efforts in the US, the organization was able to raise and send \$160,000 to Bangladesh. 97.5% of this funding directly supported the clinical and humanitarian operations of HAEFA Bangladesh in the Rohingya Refugee camps in Kutupalong and Balukhali in Cox's Bazar district and Bhasan Char in Noakhali district (72,000 patients), and Mental Health Resiliency and Support program for more than 6,000 healthcare professionals and workers in Bangladesh. The funding also supported the host community Bangladeshi people with NCD (hypertension, diabetes, asthma, etc) in Cox's Bazar (1,800 patients) and provided healthcare support to the Rohingya victims after a major fire incident in March 2021. HAEFA Bangladesh also received funding for the "See-and-Treat" Cervical Cancer Screening and Treatment programs in 9 sub-districts of Kurigram (65,000 women aged 30-60 years have been served) and in 6 sub-districts of Cox's Bazar (31,000 women aged 30-60 years have been served).

HAEFA's 2021-2022 funding included grant awards of

- PwC Global Office for Humanitarian Affairs for the construction of a HAEFA Diagnostic Laboratory and renovation of the HAEFA Medical Centers in the Rohingya camps
- Project HOPE, CDP, and Medtronic for the development and launching of a Mental Health Support and Resilience Training of the Trainer Program
- USAID/SCiB for the "Advanced COVID-19 Clinical Management Certification Course" for the DGHS, MoHFW

Over the past year, we have also continued to receive donations from family, friends, and other generous supporters of HAEFA through our website, amazon smile, and GoFundMe campaigns. These funds have gone to directly support our medical teams and emergency responses including COVID-19 support in Bangladesh. We would like to extend our deepest thanks and gratitude to our supporters, whose donations have been vital to our pandemic response.

On March 30, 2022, the HAEFA FDMN medical team members in the Rohingya camps partnered with Handicapped International (HI) and participated in a training session on the early detection and prevention of disability and its complications.



FUNDRAISING AND PARTNERSHIPS

Since 2017, HAEFA has been a major organization in the ISCG Cox's Bazar, WHO, and UNHCR's Joint Response Program (JRP) for the Rohingya refugees to date. HAEFA is a current partner in the 2022 Rohingya Humanitarian Crisis Joint Response Plan (JRP) and is also being considered to be in the 2023 JRP. In order for the Rohingya crisis to not be forgotten, continued support and funding are critical. Thus, the 2022 Joint Response Plan for the Rohingya Humanitarian Crisis includes 136 partners working to support approximately 1.4 million people, including over 918,000 Rohingya refugees in Cox's Bazar and Bhasan Char, and around 540,000 Bangladeshis in the neighboring communities.

Mr. Mainuddin Monem, the Managing Director and CEO of Abdul Monem Economic Zone (AMEZ), is presenting a regular donation cheque to the Country Director and CEO of HAEFA, Engr. Mr. ATM Zafrul Hassan, and two sets of high-configuration Dell Brand Laptops to the Senior Director, Mr. Mohammad Monjur Iqbal, MBA. AMEZ aspires to be a driving force in Bangladesh's economic and social growth. Since 2018, AMEZ has been generously supporting HAEFA's humanitarian initiatives and efforts (pictured on the left).

AWARDS AND NEWS

AWARDS

2020 Nobel Peace Prize Nomination

Dr. Ruhul Abid, Founder and President of HAEFA, was nominated along with HAEFA for the 2020 Nobel Peace Prize by the University of Massachusetts for giving access to quality healthcare for the underserved people of Bangladesh in ready-made-garment factories, hard-to-reach and flood affected areas in Bangladesh, and Rohingya refugees in Cox's Bazar.

Public Health Award; Keynote Speech

Dr. Ruhul Abid was awarded the 2020 Public Health Award by the Executive Committee of Public Health Foundation, Bangladesh. He discussed the challenges of COVID-19 and HAEFA's response as Keynote Speaker in the inaugural ceremony of the 8th Foundation Day and International Virtual Public Health Conference (watch [here](#)).

NEWS

Helping the helpless: Brown University's Dr. Ruhul Abid brings health care to Rohingya refugees

[Boston Globe](#)

Alli-Michelle Conti, March 25th, 2021

As First COVID-19 Death Is Recorded in Rohingya Camps in Bangladesh, Health Workers Brace for Impact

[Physicians for Human Rights](#)

Lindsey Green, June 4th, 2020

Nobel Peace Prize News:

- [NBC 10 NEWS](#)
- [Dhaka Tribune](#)
- [The Business Standard News](#)
- [The Brown Daily Herald](#)
- [Microsoft News, the News Nation](#)
- [The Daily Star](#)

WEBINARS AND INTERVIEWS

WEBINARS

Transforming Healthcare Delivery for Underprivileged and Displaced Populations
Department of Pharmacy, East West University Webinar

25 September 2020. [Link](#)

Impact of Covid-19 on the Rohingya camps in Cox's Bazar
Rohingya Camp Voices Webinar Series hosted by Centre for Peace and Justice

December 10th, 2020. [Link](#)



Keynote Speech

Public Health Foundation & International Conference

Response to the Covid-19 pandemic: Learnings from home and abroad

Dec. 8th, 2020. [Link](#)

INTERVIEWS

Covid, Rohingya Refugees, & Healthcare in South Asia - Dr. Ruhul Abid
The John Sexton Scholars Program

May 9, 2021. [Link](#)

Saraswati puja evening program - Dr. Ruhul Abid
Prabasi of New England

February 20th, 2021. [Link](#)

COLLABORATIONS

- DGHS (Directorate General of Health Services), MoHFW (Ministry of Health and Family Welfare), Bangladesh
- Refugee Relief and Repatriation Commission (RRRC), Bangladesh
- UNFPA (United Nations Population Fund)
- Brown University Global Health Initiative, USA
- Brown Watson Institute Center for Human Rights & Humanitarian Studies
- Brown University Alpert Medical School
- Project HOPE (Health Opportunities for People Everywhere), USA
- CPJ, BRAC (International Development Organization)
- Physicians for Human Rights (PHR), USA (Nobel Peace Prize winner)
- Save The Children, Bangladesh
- International Organization for Migration (IOM)
- Burma Task Force
- PwC Global Office for Humanitarian Affairs
- USAID, Bangladesh

USA Team Members

- Ruhul Abid, MD, PhD
- E. Jane Carter, MD
- Susan Cu-Uvin, MD
- Dr. Frank Sellke
- Rosemary B. Duda, MD, MPH
- Soumitro Pal, PhD
- Khan Mohiuddin
- Svein-Gaute Bleivik
- Indranil Dutta
- Imam Khalid Nasr, PhD
- Tasneem Ahmed, Esq
- Mir Hushna
- Dr. Samira Hayee
- Dr. Ammy Ghosh
- Dr. Farinaz Khan
- Dr. Kaniz Ferdaous Mou
- Dr. Marufa Marium
- Dr. Sultana Jahan
- Dr. Taslova Tahsin Abedin
- Dr. Tasneim Tasha
- Dr. Stephanie Garbern
- Dr. Fatema Mahjabeen

Students

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- Alex Jin
- Leyla Giordano
- Ishan Abdullah
- Nairita Ahsan Faruqui
- Abigail Raynor
- Areeb Uzzaman
- Ishan Abdullah
- Kethural Manokaran
- Logan Brich
- Olivia Cummings
- Raihana Mehreen
- Shayan Mahmood
- Christina Hand
- Maheeb Rabbani

HAEFA Bangladesh Team

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- Mohammad Monjur Iqbal
- Md. Shakawat Hossain
- Akangkha Das
- Sajia Haque
- Md. Billal Hossain
- Md. Ishaque Ali Sarker
- Dr. Sharmin Sultana Urmī
- Md. Zakaria Islam
- Md. Mehedi Hasan
- Nairita Ahsan
- Fabiha Afifa
- Ashraful Islam
- Nur Alom
- Md. Mamunur Rashid
- Dr. Tasnim Jahan Bhuiyan
- Dr. Rubaiya Shafrin
- Md Saiful Alam Sarker
- Abdul Sukur
- Md. Tarikur Rahman Rifat
- Jannatul Ferdoushi Zomo
- Kaniz Fatema Koli
- Ruma Dhar
- Jitu barua
- Ameena Akter
- Shahin Akter
- Tanjin Tahasina Rasna
- Ferdoushi Tabassom
- Ayesha Siddika
- Sabekun Nahar
- Trija Barua
- Sharmin Aktar
- Popy Akhter
- Maimona Begum
- Rina Dey
- Rosmi Barua
- Ropia Begum
- Nuri Jannat Hamida
- Md. Saim Khan
- Paul Mollick
- Dr. Chitrlekha Kar Tonny
- Parul Rani
- Most. Nasima Parvin
- Babita Akter
- Razia Sultana
- Yasmin Ara
- Mst. Aysa Khatun
- Most. Nasima Khatun
- Mst. Shamoli Akter
- Sabita Roy
- Mst Nayma Aktar
- Md. Habibur Rahman Habib
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- Md. Sohel Rana
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- Dr. Fairuz Homayra Fariha
- Jahidul Islam
- Md. Shamim Akhtar
- Somon Mollah
- Maisha Akter
- Mst Rokeya
- Mst. Afroza Akter
- Dr. Redwanul Moqtader



HAEFA's Partners

Directorate General of Health Services (DGHS), Bangladesh



Ministry of Health and Family Welfare (MOHFW)
Refugee Relief and Repatriation Commission (RRRC),
Bangladesh



Global Health Initiative - Brown University



Alpert Medical School - Brown University



United Nations Population Fund (UNFPA)



Watson Institute CHRHS - Brown University



ACADEMIC INSTITUTIONS - Brown University, Harvard University,
Yale University, UMASS Boston, and American University



Save the Children



World Health Organization - WHO



UNHCR - The UN Refugee Agency



International Organization for Migration | IOM, UN Migration



PricewaterhouseCoopers - PwC



Project HOPE



BRAC



United States Agency for International Development (USAID)



Centre for Peace and Justice (CPJ) BRACU



HAEFA's Partners

Physicians for Human Rights (PHR)



Burma Task Force



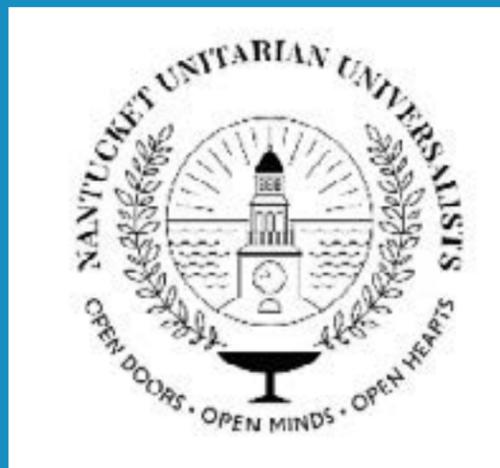
Abdul Monem Ltd. (AML)



Medecins Sans Frontieres (MSF)



Nantucket Unitarian Universalists



Aprosoft



Semnani Family Foundation



LABAID Diagnostics



Islamic Society of Boston Cultural Center (ISBCC)



Selimiye Mosque



Islamic Center of New England (ICNE)



World Bank Group



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Thank you to the loyal supporters of HAEFA.

Because of your steady contributions, HAEFA is able to provide free healthcare services and support to the Rohingya refugees in Bangladesh. You may donate (tax-exempt) here: www.haefa.org.

As the U.S. Secretary of State Antony Blinken officially declared the violent persecution of the largely Muslim Rohingya population in Myanmar as a genocide in March 2022, HAEFA is dedicated to aiding the refugees and the host communities as much as possible. This is a dire time for the Forcibly Displaced Myanmar Nationals as a direct result of the Myanmar military's brutal and systematic persecution of the ethnic minorities.

HAEFA will continue to be a leader in healthcare, research, education, and service for the underserved and displaced people globally. Thank you for believing in us to make a difference.

