

refugee and UNHCR supervised by. Rest of the refugees called undocumented Myanmar nationals (UMNs) lives in cluster settlements. While registered residents have access to basic services, those UMNs do not. They have limited access to maternal and newborn health (MNH) services. A study was conducted to ascertain existing MNH situation of UMNs.

**Methods:** Cross sectional descriptive study was carried out in 2015. 23,466 households covering 105,600 populations from three sub-districts of Cox's Bazar were screened and 279 UMN women and 1858 Bangladeshi women having one under 1 year old child was randomly selected from both rural and urban areas.

**Findings:** UMN respondents, went to unqualified private practitioners, was 58.8%. 34.1% made four ANC visits and 16.5 % did not receive any. 61.6% UMN women received Tetanus Toxoid. Respondents who had no knowledge about any danger sign related to pregnancy and delivery, and newborn danger sign were 10.4% and 9.7%, respectively. 71.7% UMNs had no knowledge about transmission of HIV/AIDS. 84.6% UMN respondents gave birth at home, among them 43.7% were conducted by untrained Traditional Birth Attendants. 48.7% did not seek immediate health check-up after home delivery. 33.5% of home delivered newborns' cord was cut with delivery kit blade. 35.8% newborn was dried and 10.8% wrapped immediate after home delivery. Almost half of the babies were bathed within one hour of birth. 74.9% of UMN mother initiated breast feeding within 30 minutes. 53.7% of UMN respondents used contraceptives and half of them used injectable methods.

**Interpretation:** The study revealed that knowledge and health seeking behavior on MNH services of UMN women was poor. The majority sought health care from unqualified practitioners. Coverage of ANC visit and postnatal check-up was low. Deliveries assisted by medically trained personnel were very low among the UMNs. The immediate newborn care was not up-to the level. Contraceptive use of women was not satisfactory.

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### A cluster randomized controlled trial to evaluate the effects of a community health worker based approach to promote cardiovascular risk factor control in India: study design and rationale

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**Background:** The increasing burden of cardiovascular disease (CVD) in low and middle income countries is largely driven by the increasing prevalence of hypertension, diabetes and tobacco

use. We hypothesize that the utilization of community health workers (CHWs) to screen for and manage these three determinants of CVD in an integrated manner would be an efficient approach to favourably affecting public health.

**Methods:** We have designed and set up the infrastructure to implement a 2 year community based cluster randomized controlled trial in an underserved region of West Bengal, India. Participants will include around 1200 adults, aged between 35-70 years, with atleast one cardiovascular risk factor. They will be recruited through home based screening into a total of 12 clusters, which will be randomized to either a control or intervention arm before screening. After the screening, CHWs will follow up with participants enrolled in the intervention arm for a period of 2 years through home visits. The control arm will receive usual care in the community.

The CHW arm will follow a behavioural strategy focused on modifying the individual's lifestyle, increasing knowledge of CVD, promoting smoking cessation, increasing physician seeking behaviour and promoting medication adherence.

The main project office is based in Cleveland, Ohio at University Hospitals/CWRU, and the local site office is located in Dalkhola, West Bengal at a local non-profit set up for the study. IRB approval was obtained both in Cleveland as well as India.

**Outcome evaluation:** The two year primary outcome of the study will be the absolute reduction in systolic blood pressure amongst hypertensives, absolute reduction in fasting blood glucose amongst diabetics and absolute reduction in average number of cigarettes smoked per day amongst smokers.

**Going Forward:** We believe this study infrastructure serves as a useful model for international collaboration. It builds on unique local resources, attends to important domestic requirements, and will ultimately provide an evidence based approach that will help manage the increasing burden of CVD.

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### Need for continuing medical education for liver disease management in Mongolia

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