Maternal and Child Health Care: Daighors & Strategic services

August, 2017

Context of maternal health

Reduction of maternal mortality rate is one of the most important health goals of the government of Bangladesh. The present rate of maternal mortality is 194 per 100,000 live births showing that Bangladesh could not achieve the MDG target of 143 per 100,000 live births by 2015. However, the decline in MMR from 322 in 2001 to 194 in 2010, a 40 percent decline in nine years was significant achievement. Now the new goals are set for Sustainable Development Goals (SDG). The 17 new SDGs, also known as Global Goals, the target is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

The SDG are also set to end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030.

For Bangladesh, the SDG 3 goal is "Ensure healthy lives and promote wellbeing for all at all ages has the specific targets of achieving i. Under 5 mortality rate to be reduced from 41 to 37 per 1000 live births; ii. Maternal Mortality Ratio to be reduced from 170 to 105 per 100,000 live births. iii. Immunization, measles (percent of children under 12 months) to be increased to 100 percent. iv. Births attended by skilled health staff to be increased to 65 percent.

According to Bangladesh Maternal Mortality Survey, 2010[1] hemorrhage and eclampsia are the dominant direct obstetric causes of death, together responsible for more than half of the MMR followed by Obstructed or prolonged labor (7%) and abortions (1%). Indirect obstetric causes of deaths account for about a third (35%) of maternal deaths. These preventable causes of deaths can be dealt with through effective measures at individual and community level.

The neonate mortality is very much associated with maternal and child health. Bangladesh has 24 neonate deaths per 1000 live births[2], in numbers it accounts for 76,722 neo nate deaths. The infant mortality rate has also declined considerably; from 87/1000 live births in 1990 to 43/1000 in 2011[3].

[1] Bangladesh Maternal Mortality and Health Care Survey 2010. National Institute of Population Research and Training (NIPORT) MEASURE Evaluation, UNC-CH, USA icddr,b, December 2012 Dhaka, Bangladesh

[2] UNICEF/WHO/The World Bank/UN Pop Div. Levels and Trends in Child Mortality. Report 2014

[3] Mitra SN, Ali MN, Islam S, Cross AR and Saha T (1994). Bangladesh Demographic and Health Survey,

The services provided by the healthcare providers are very crucial at the time of child delivery. At the national level, only 26.9% of women are delivering in a facility, mostly in private sector (15.1%) at public hospitals (11.8%) and others facility (2%). The rest (about 71%) are delivered at home.[4] About 2.4 million women deliver at home. The Demographic Health Survey also shows that only 21% of all births were delivered by a doctors and 6.1% by nurse, midwife, auxiliary nurse, which includes qualified doctors, nurses, midwives, paramedics, family welfare visitors (FWVs) and community skilled birth attendants (CSBAs). The rest are looked after by Traditional Birth attendants known as Dais. It is a reality at present and will remain so for the years to come that women, particularly rural poor women will deliver babies at home with the help of the traditional birth attendants, locally known as Dai Mas.

The health facilities include District Hospitals under Health Services Wing (59), Maternal and Child Welfare Centers under Family Planning Wing (97), Union Health and Family Welfare Centers under Family Planning Wing (3478). The other higher level facilities are only available in the Medical Colleges and the Capital City Dhaka.

The maternal healthcare includes Antenatal Care (ANC), Basic Essential Obstetric Care (BEOC), Comprehensive Essential Obstetric Care (CEOC), Maternal and Child Health Care (MCHC) and Post Natal Care (PNC). The Antenatal Care is provided in almost all UHFWC, MCWC, UHC and district hospitals. The Basic Essential Obstetric Care (BEOC) is available in only few UHFWC, in MCWCs and in most UHCs. Comprehensive Essential Obstetric Care (CEOC) is not available in UHFWCs. But it is available in 62 MCWCs, 77 UHCs and in the district hospitals.

1993–1994. Calverton, Maryland: National Institute of Population Research and Training, Mitra and Associates, Macro International. MOF (2013). Monthly Fiscal Report. Dhaka.

[4] Demographic Health Survey, 2011 cited in WHO South East Asia region report

Analysis of Key Findings of Demographic & Health Survey, 2014
[Analysis of findings are given in Italics]

- 64% of women who gave birth (in the 3 years preceding the survey) received antenatal care from a medically trained provider, up from 55 percent in 2011. This increase is mainly due to an increase in ANC from a qualified doctor.

About two-third women received services, but one third (36%) is still out of contact from a qualified doctor.

- 31% of women have four or more antenatal care visits during the course of pregnancy, an improvement from about one in every four (26 percent) in 2011.

Only about one-third women have the required 4 visits for Ante-natal care.

- In the three years before the survey, 36% of women received postnatal care for their last birth from a medically trained provider within two days of their delivery, up from 27% in 2011.

Majority of women (67%) remain outside the services of postnatal care.

- 42% of births in the past three years were assisted by a medically trained provider. The percentage of births attended by a skilled provider has increased 2.6 times since 2004 due to the increase in deliveries at medical facilities. The national health sector program aims to have 50 percent of all deliveries made by a skilled birth attendant.

The target of 50% of all deliveries by medically trained providers will be fulfilled soon, but still 50% will remain out of reach of their services.

- 37% of births in the past three years were delivered in a health facility.

About 63% of births (i.e. two-thirds) were delivered at home.

- Bangladesh aims to reduce inequity in the use of maternal health services. In 2014,15% of deliveries among women in the lowest wealth quintile occurred in a facility compared with 70% of deliveries among women in the highest wealth quintile.

There is a huge inequality in the use of facilities for delivery. Over 85% poor women are delivering at home, in contrast to 70% of the higher income families.They remain in the hands of the traditional birth attendants (Dai Mas). Even among the higher income group about 30% are using their services.

- 23% of all births were delivered by C-section. Among births delivered in a health facility, 61 percent were delivered by Csection.

Health facility delivery results in C-Section a growing concern for maternal health.

- Newborn care practices have improved considerably since 2007 in Bangladesh. Among non-institutional births in the three years preceding the survey, the use of boiled instruments to cut the umbilical cord has increased from 62 percent in 2007 to 83 percent in 2014. The practice of drying within five minutes of birth has also increased from 6 percent in 2007 to 67 percent in 2014. The practice of waiting at least 72 hours after birth to bathe the newborn is more common in 2014 than it was in 2007, having increased from 17 percent to 34 percent.

Dai Ghors: A new concept on maternal & child health services

A Dai ghor is a concept, not just a centre, capitalized on the space and place Dais have occupied in their communities for years. It is a place where traditional birth attendents known as Dai Ma are dealing with the technical aspects related pregnancy and child birth, and also handling the social issues that impact the health and well being of mothers and their children. It built on the decades of practical experiences of UBINIG had with the selected Dais had and UBINIG over the years worked with them to increase their effectiveness by helping them to improve their skills and develop new skills to provide basic pre and post natal care and safer home delivery, recognize danger signs of pregnancy complications and the importance of getting urgent and appropriate medical care for such cases, make referrals to the appropriate government health centers, understand the importance of hygiene and nutrition , challenge gender discriminations and harmful traditions and practices that have negative consequences on mothers and children.

A pivotal and innovative part of the effort are the DaiGhors --- centers, run by a management committee of 5 senior, skilled Dais as focal points for the Dais' operational and advisory activities. Each DaiGhors serves 3 to 5 villages and was managed by 2 Dais at a time on a rotational basis from the five Dais.

Each Dai Ghor serves a population of at least 6500, with about 2500 women in reproductive age and 1400 children under 5. Each Dai ghor has an enlisted 30 Dai mas having experiences in child delivery for 10 to 15 years.

The DaiGhors are open from dawn to late afternoon every day of the week. Dai Mas living near the Dai Ghors are available round the clock. They provide basic pre and post natal care and nutritional advice to women of reproductive age, pregnant women and children U5. They also offer the space for government health officials to carry out the EPI (Expanded Program on Immunization) sessions.

In terms of the use and effectiveness of the DaiGhors, the initiative demonstrated investment by the community for the success and sustainability of the DaiGhors as centers where women can receive care as well as get connected to the government health systems---the same systems which as individuals the majority of the women in the project villages would not have had the confidence and the trust to seek out.

Major focus of Daighors: The services to the pregnant women

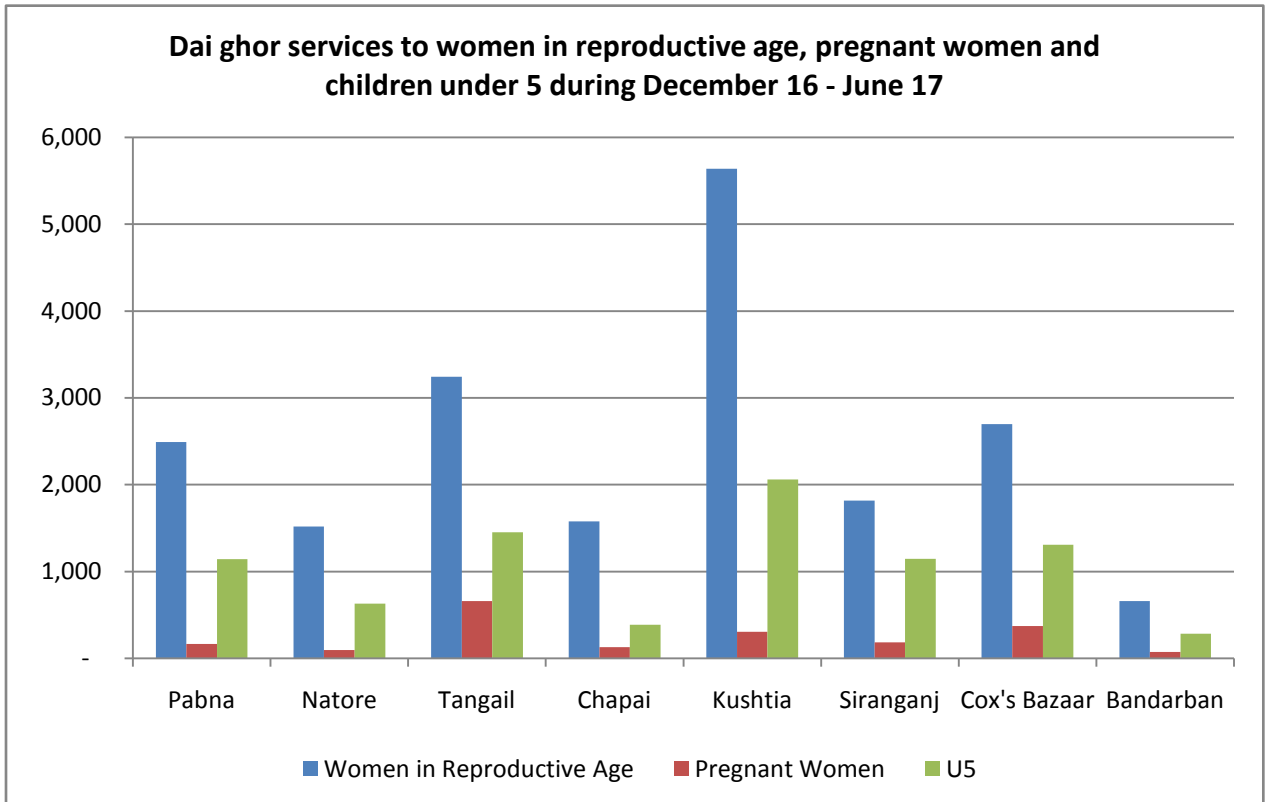
The Dai Mas who used to provide door to door services to the pregnant women are now able to get together in a place and have access to information, discussion, connect to the government health personnel and the centres and to consult each other on the issues related to women's reproductive health problems. However, the main focus remains the services to the pregnant women. Each Dai Ma has her own "case" of dealing with one or two pregnant women. The average number of pregnant women registered under each Dai Ghor covering 5 villages ranges between 80 -90; Every month, 8 to 9 pregnant women regularly visit (at least four times) the Dai ghors for antenatal care.

Dai ghor is a place with non-medical services. Dai Mas check the pregnant women in the Dai ghor or at their homes. However, women like to come to the Dai Ghor because they get to check blood pressure, weight etc. The major Antenatal care components are monitoring weight, check blood pressure and check up for any signs of complications at different stages of pregnancies so that timely decision for referrals to be made to the government health centres.

Each Dai ghor has bloodpressure machine, weighing machine for women and children. Use of the bloodpressure machine has been a great attraction of the Dai Ghor, as Dai Mas never used any equipment before.

Table 1: Daighor users and visits during December 16 – June 17

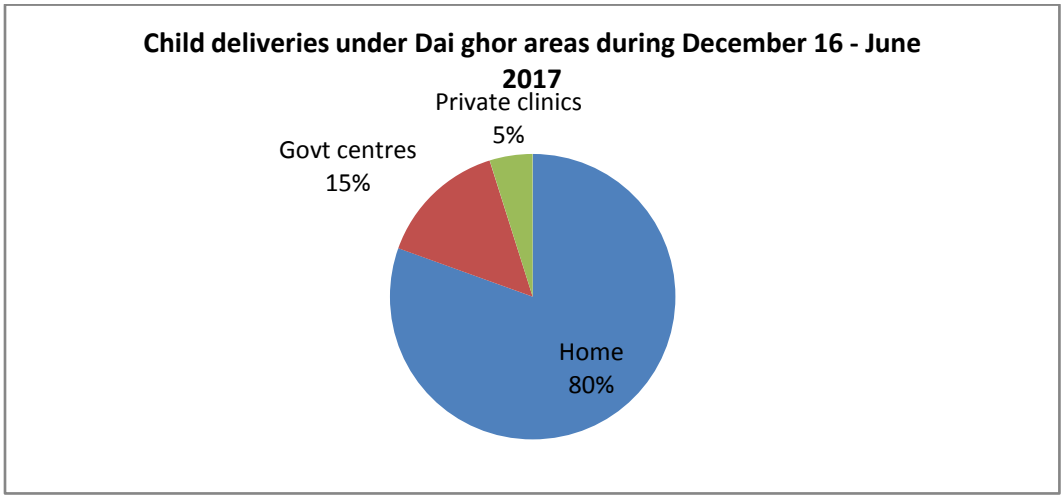
District	Women in Reproductive Age	Pregnant Women	U5	Adolescent	Others
Pabna	2,491	166	1,142	493	40
Natore	1,518	96	632	261	19
Tangail	3,242	660	1,451	520	210
Chapai	1,578	130	386	204	52
Kushtia	5,639	306	2,059	244	247
Siranganj	1,817	185	1,148	1,014	136
Cox's Bazaar	2,697	374	1,310	794	-
Bandarban	659	75	285	185	-
Total	**19,641**	**1,992**	**8,413**	**3,715**	**704**



Since the beginning, the main activities of Daighor had been related to service and consultation women in reproductive age, pregnant women and children under 5 years, adolescent girls and elderly women. Pregnant women are the prime focus of the Dai ghors. However, overtime, services to adolescent girls became very important as it could deal with a very important social issue of child or under-age marriage. The services to elderly women, especially for checking of blood pressure, was crucial and helped in getting them as strong supporters of Dai Ghors and they accompanied happily their daughter-in-laws.

Table 2: Pregnant Women Attended by Dai During Delivery & Govt. Hospitals -Dec 16 - June 17

District	# of Daighors	# of Villages	# of Pregnant Women	# Pregnant Women Delivered Child	# Pregnant Women Attended by Dai During Delivery	# Pregnant Women Delivered Child in Union Health Center	# Pregnant Women Delivered Child in District Hospital	Maternity Clinic & Others	Total
Pabna	3	12	97	64	51	-	7	-	58
Natore	2	7	88	61	47	6	-	4	57
Tangail	6	23	191	73	47	-	20	4	71
Chapai	2	5	77	41	36	-	2	3	41
Kushtia	5	22	245	121	74	-	35	11	120
Sirangan j	3	12	53	17	11	-	5	1	17
Cox's Bazaar	4	15	150	116	114	-	-	2	116
Bandarb an	2	5	42	33	33	-	-	-	33
Total	**27**	**101**	**943**	**526**	**413**	**6**	**69**	**25**	**513**



The Dai Mas are helping the pregnant mothers to deliver their child at home for about 80% of cases, referring 15% to government health centres. Although Dai Mas do not refer to any private clinics, in some cases families take the pregnant women to private clinics because of non-availability of services at the government hospitals.

All the home deliveries, obviously, are normal and have been scrutinised for being risk-free as they were under continuous monitoring by the Dai Mas. The referrals to the government hospitals are made because the Dai Mas felt complications that needed medical attention. Those may not have to be cesarians necessarily. In the case of referrals, Dai Mas accompany the pregnant women to the government health facilities and stay there with the patient as long as it is needed. They perform the role of a skilled attendent, besides the family members.

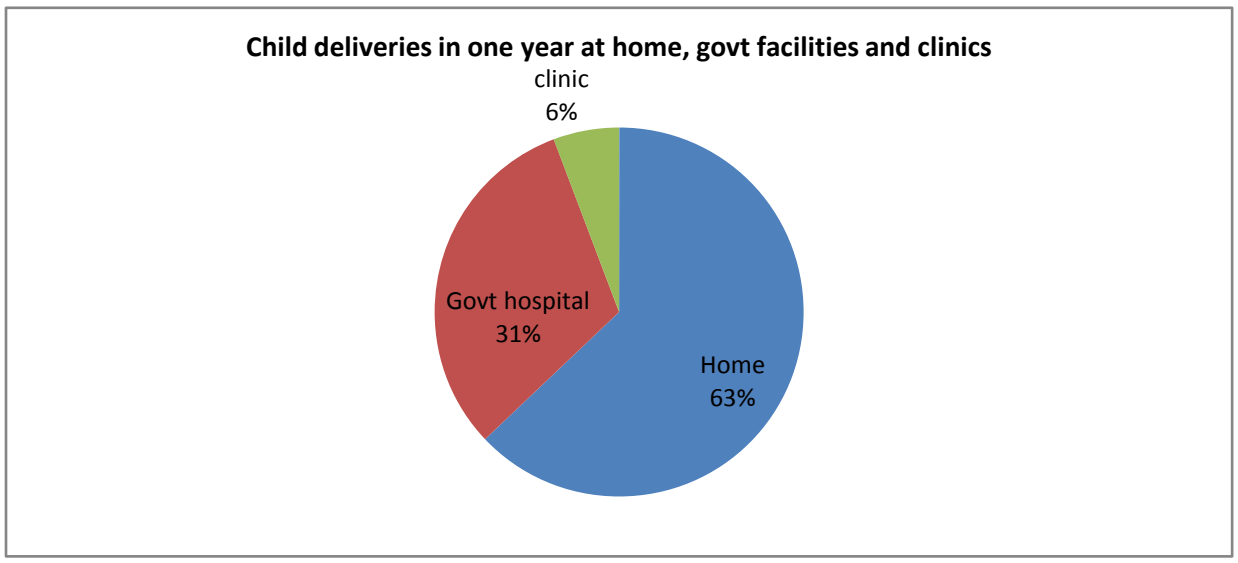
The government health facilities that can handle child birth are Upazilla health centre and the District level hospitals known as Sadar hospital. Within the upazillas Daighors are operating, referring to a Upazilla health centre can mean travelling of at least 3-5 km and to go to district is to travel 10 – 15 km. The transportation is difficult. The van ambulances can only take upto the main streets, then they must take motorised vehicle. In three areas of Sirajganj, Kurigram and Chapainababganj, they have to cross big and small rivers by boat. Keeping these factors in mind, the Dai Mas have to take decisions in terms of distance, mode of transportation, time and financial resources.

At the national level, only 26.9% of women are delivering in a facility, mostly in private sector (15.1%) at public hospitals (11.8%) and others facility (2%). The rest (about 71%) are delivered at home.[5] About 2.4 million women deliver at home.

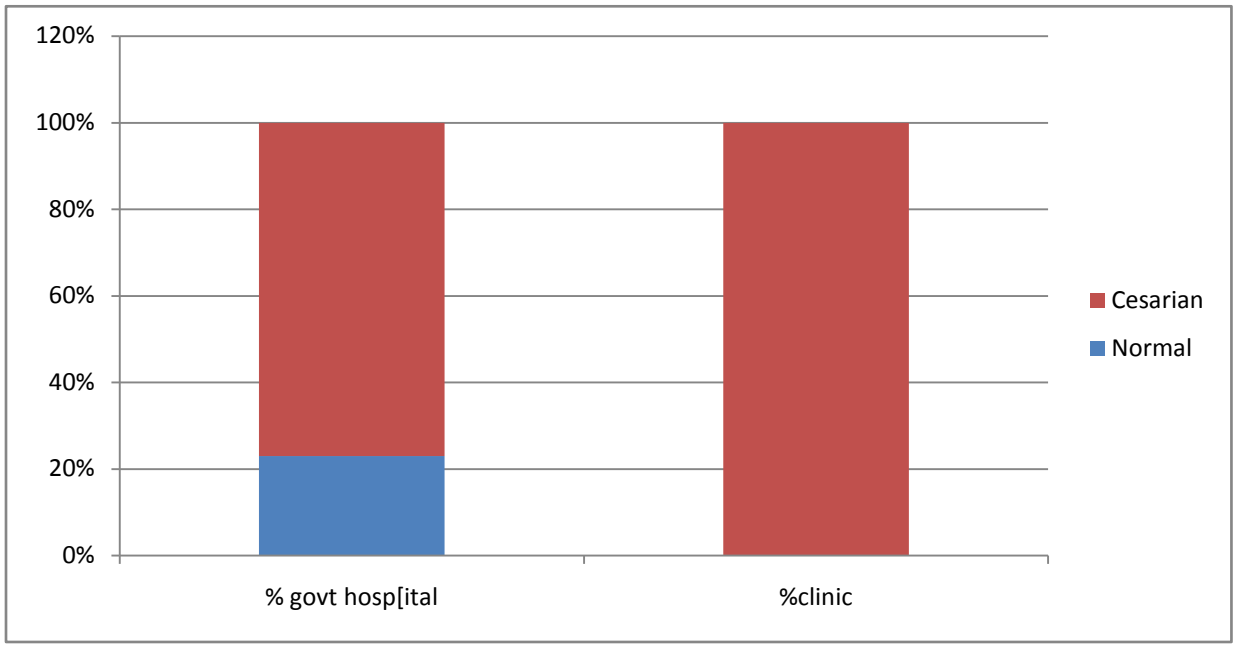
[5] Demographic Health Survey, 2011 cited in WHO South East Asia region report

Deliveries of babies: Normal - cesarian section

In 22 Dai Ghors, covering 92 villages under 6 districts in one year (2016) an investigation by UBINIG on deliveries of pregnant women under Dai Mas it was found that more referrals were made and 31% had hospital deliveries and 6% were in the clinics. The rest (63%) were delivered at home.



But on further investigation on the deliveries at hospitals and the clinics showed that in the hospitals there were more cesarian deliveries than normal and in the clinics all were cesarian.



In the government hospitals the admission fee is Tk.15 and the patients' family has to buy the medicines. If any cesarean operation is needed it is provided free, but the medicines have to be purchased which may account for over Tk. 5000. In the private hospitals, the normal delivery costs Tk. 5000-Tk.6000 and for cesarean section Tk. 15,000 to Tk. 20,000 is needed at the district level hospitals. The poorer families can hardly afford such cost for a child delivery.

There are records of 3 death cases with the causes that were beyond the control of Dai Mas.

Case 1: One pregnant woman, Rupali Begum, had very high blood pressure, she was immediately referred to Kushtia Sadar Hospital. She delivered a still baby normally, but her blood pressure remained at a high level. She died after three days in the hospital.

Case 2: Dai Ma Jamiron was monitoring the condition of Salma and told them that the baby was not in the right position. She asked the family to take her to Sadar Hospital, instead they took her to a private clinic. She had cesarian operation and delivered a baby. But Salma died of excessive bleeding.

Case 3: Shrini Begum was having her third child at the age of 38 years. She did not call Dai Ma when she felt labor pain, she called her at 11 pm. Dai Ma immediately felt the baby was in wrong position to be delivered at home. She called the Family Planning Asistant and both felt that she needs to be taken to hospital. She was taken to a private clinic. The first clinic did not want to keep her, the next clinic took her to the Operation Theatre. She died in the OT.

Ante natal care

Ante natal care, particularly monitoring the health conditions of the women who report to the Dais about conception. Each Dai Ma has her own "*Gorbhoboti Ma*" – the pregnant woman who can be pregnant for the first or second-third time and is known to her for long time because she lives in the village. The Dai Ghors provide the opportunity to for checking in a systematic manner and to be recorded about her condition. In the Dai ghor her blood pressure is checked regularly and her weight is taken. If she is found to be anemic she is referred to Community Clinic or the Union health and family welfare centre for iron tablets. She is also referred for taking Tetanus injection in the Union health centre. During pregnancy her nutrition condition is monitored carefully and she is advised to take required food.

An analysis of the weight and blood pressure taken in the Dai Ghors shows that most of the pregnant women have lower weight than normal. Their blood pressure is also usually low. The World Health Organization (WHO) recommends that a pregnant woman should have at least four antenatal care visits (WHO 2007)6. Accordingly according to the report of HPNSDP, 2011 the percentage of pregnant women who made four or more antenatal visits has increased, from 17 percent in 2004 to the current level of 31 percent7.

From this point of view, the Dai Ghors can ensure more than four ante natal care visits and if the pregnant woman cannopt come, the Dai Mas visit them.

Post natal care

It is well acknowledged fact that postnatal checkups provide an opportunity to assess and treat delivery complications and to counsel mothers on how to care for themselves and their newborn infant. A large proportion of maternal and neonatal deaths occur during the 24 hours following delivery (UNICEF 2012)8. The 2014 BDHS data show that 39% of mothers and 36% of children in Bangladesh received postnatal care from a medically trained provider within 42 days after delivery, the vast majority within the crucial first two days of delivery (36 percent of women and 32 percent of children). On the other hand, 61% of mothers and 64% of children did not receive a postnatal checkup from a medically trained provider.9

It has always been a practice among the Dai Mas to remain with the mother and the child to provide care to the newborn baby and the mother.

The post natal care in the institutional facilities require check ups in less than 4 hours, 4 – 23 hours, 1-2 days, 3-6 days, 41 days etc.

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[6] World Health Organization (WHO). 2007. *Standards for Maternal and Neonatal Care*. Geneva, Switzerland:
WHO. http://www.who.int/maternal_child_adolescent/documents/a91272/en/

[7] National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF
International. 2013. *Bangladesh Demographic and Health Survey 2011.* Dhaka, Bangladesh and Calverton,
Maryland, USA: NIPORT, Mitra and Associates, and ICF International.

[8] United Nations Children's Fund (UNICEF). 2012. *Maternal and newborn health*. Available at:
http://www.unicef.org/health/index_maternalhealth.html

[9] National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF
International. 2013. *Bangladesh Demographic and Health Survey 2014.* Dhaka, Bangladesh March 2016

Dai Mas use the Dai Kit provided by the Dai Ghor which contains blade, clean sheet of cloth, soap, anti-septic lotion, thread, etc.

The Dai Mas have their system of check up in their own ways. On the first day, after child birth, they observe the mother and new born and for the baby to suck mother's breast milk. The breastfeeding starts within first hour of birth. Dai Ma will also check if the mother's bleeding or vaginal discharge is normal.

On the second day, she checks if the baby is looking yellow, i.e. checking for jaundice. She wil keep the baby in the sunlight for a while, check the umblical chord, whether the mother is able to stand or too weak etc. She checks the general hygienic condition for the baby and mother.

Dai Mas closely monitor the umblical chord and ensure cleanliness around the chord site. Mother is given bath with neem leave soaked warm water. Her breast condition is also monitored.

Mother is given advice to have nutritious food and monitored for the danger signs. If she has any lower abdominal pain, the baby is checked for the anemic condition.

All these are monitored regularly at regular intervals and after 41 days feel that the mother and baby are safe.

Institutional facilities: Experiences

The Institutional facilities from the bottom up of the health care system that have different aspects of maternal services are the following:

Services	Health centre	Human resource
Antenatal care	Community Clinic, Union Health centre, Upazilla health centre, District Mother & child welfare centre,	Family Welfare Assistant (FWA), Family Welfare Visitor (FWV), Health Assistant, Sub-Assistant Community Medical Officer (SACMO)
Basic Essential obstetric care	Upazilla health centre , District hospital	esruN ,tsilaiceps aenyG
Comprehensive Emergency Obstetric Care	District Hospital	esruN ,tsilaiceps aenyG tsisehtsenA dna

The maternal healthcare includes Antenatal Care (ANC), Basic Essential Obstetric Care (BEOC), Comprehensive Essential Obstetric Care (CEOC), Maternal and Child Health Care (MCHC) and Post Natal Care (PNC). The Antenatal Care is provided in almost all UHFWC, MCWC, UHC and district hospitals. The Basic Essential Obstetric Care (BEOC) is available in only few UHFWC, in MCWCs and in most UHCs. Comprehensive Essential Obstetric Care (CEOC) is not available in UHFWCs. But it is available in 62 MCWCs, 77 UHCs and in the district hospitals. That means pregnant women who needs CEOC have to go mostly to the district hospitals for the comprehensive obstetric care. The field based health and family planning workers have training on BEOC (6 months) and at the hospitals nurses have midwifery training of 1 year and Medical Assistants or the Sub-Assistant Community Medical Officers (SACMO) provide BEOC services at the Union level health facilities. An UNFPA initiative resulted in 600 certified midwives, nurse-midwives who completed a six-month post-basic training, have already been posted to sub-district level health facilities in late 2015.

At the field level, the experiences of referring to the health facilities are not always positive because of non-availability of the service providers before and after office hours, i.e. before 10 am and after 2 pm. At the Upazilla level and at district level, the Dai Mas complain that the poor women are treated properly. Moreover, the costs involved to receive treatment, discourages the poor from the institutional facilities.

Daighor Management

With reduced resource to operate the Dai ghors, UBINIG Project Central Management Committee visited the Dai Ghors and spoke to the Dai Mas if they can run the Dai Ghors with less resource and become self-reliant. During the six months period the Dai Ghor Management Committee (DMC) with guidance from the PCMT has provided the following services to women and children.

The Dai Mas expressed their commitment to run the Dai Ghors, although they requested to provide support as much as possible because it is a service to the poor women who have no other opportunities of receiving the services.

Table 3: Dai Meetings during Dec 16 – June 17

District	# Daighors	# Villages	# of Meetings held	# of Dai Attended	# of Karmies Attended	Total Participants
Pabna	3	12	21	107	25	132
Natore	2	7	12	49	12	61
Tangail	6	23	32	96	42	138
Chapai	2	5	14	133	17	150
Kushtia	5	22	35	303	35	338
Siranganj	3	12	13	237	20	257
Cox's Bazaar	4	15	28	175	38	213
Bandarban	2	5	7	38	16	54
	27	**101**	**162**	**1138**	**205**	**1343**

Dai Mas require updating of their knowledge with information on services available at the government services, about the risk factors involved in pregnancies that need urgent medical attention and on nutrition. These are provided through refresher trainings/meetings.

Safe Food Production & Nutrition

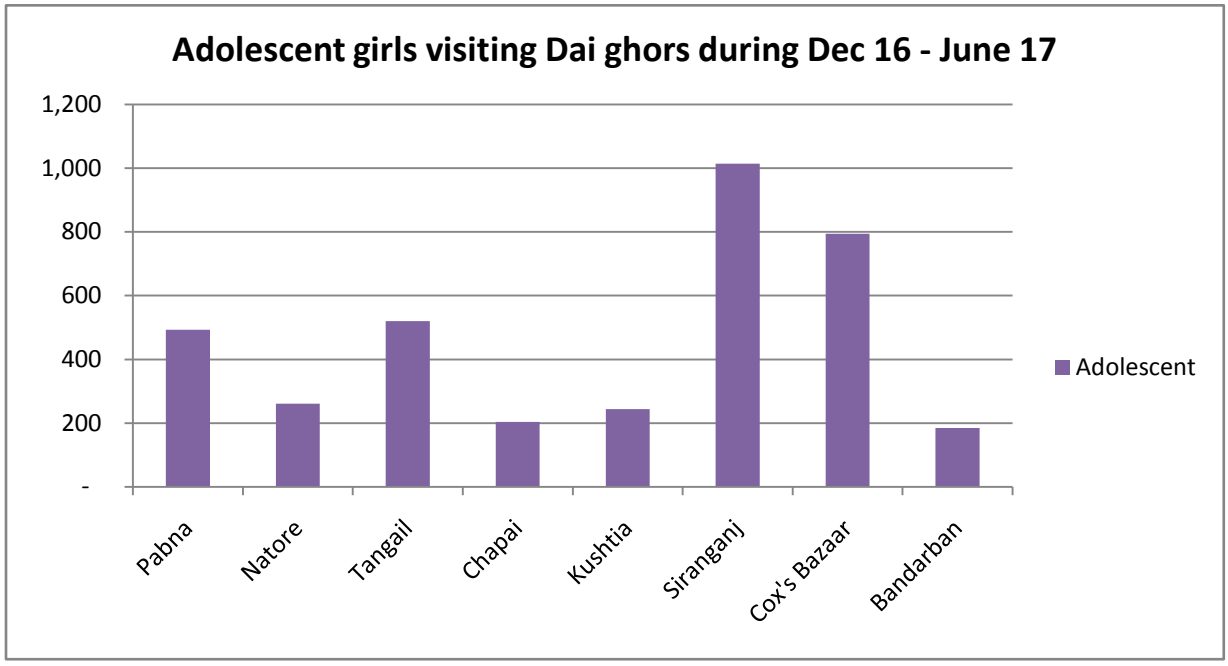
Women continue to receive nutrition advice about the food that available in their areas through farmers, homestead garden and from uncultivated sources. As UBINIG has introduced a model for Dai Mas irtun gnidrager egdelwonk deriuqca rieht etanimessid ottional eht ot tnemeriuqer oitirtuN eht hguorht ytinummoc tnaveler eht dna srehtom tnangerp dimaryP n, si ecitcarp eht doof suoitirtun dna efas ecudorp ot egaruocne pot dna esicrexe raluger a gnimoceb.

Table 4: Mothers participation in safe food production during Dec 16 – June 17

District	# of Daighors	# Villages	# Mothers Received local seeds	# of Mothers produced Local Veg.	# Mothers produced cereal crops	# of Mothers consumed vg & cereals at HH level	# of Mothers exchanges veg & cereals with neighbor	# of Mothers sold veg & cereals at local markets
Pabna	3	12	270	165	90	255	75	200
Natore	2	7	185	101	75	170	55	135
Tangail	6	23	147	97	59	678	89	50
Chapai	2	5	245	155	70	180	100	215
Kushtia	5	22	771	597	174	90	115	160
Siranganj	3	12	155	88	67	760	102	45
Cox's Bazaar	4	15	36	22	14	36	36	18
Bandarban	2	5	10	7	3	10	10	4
TOTAL	**27**	**101**	**1819**	**1232**	**552**	**2179**	**582**	**827**

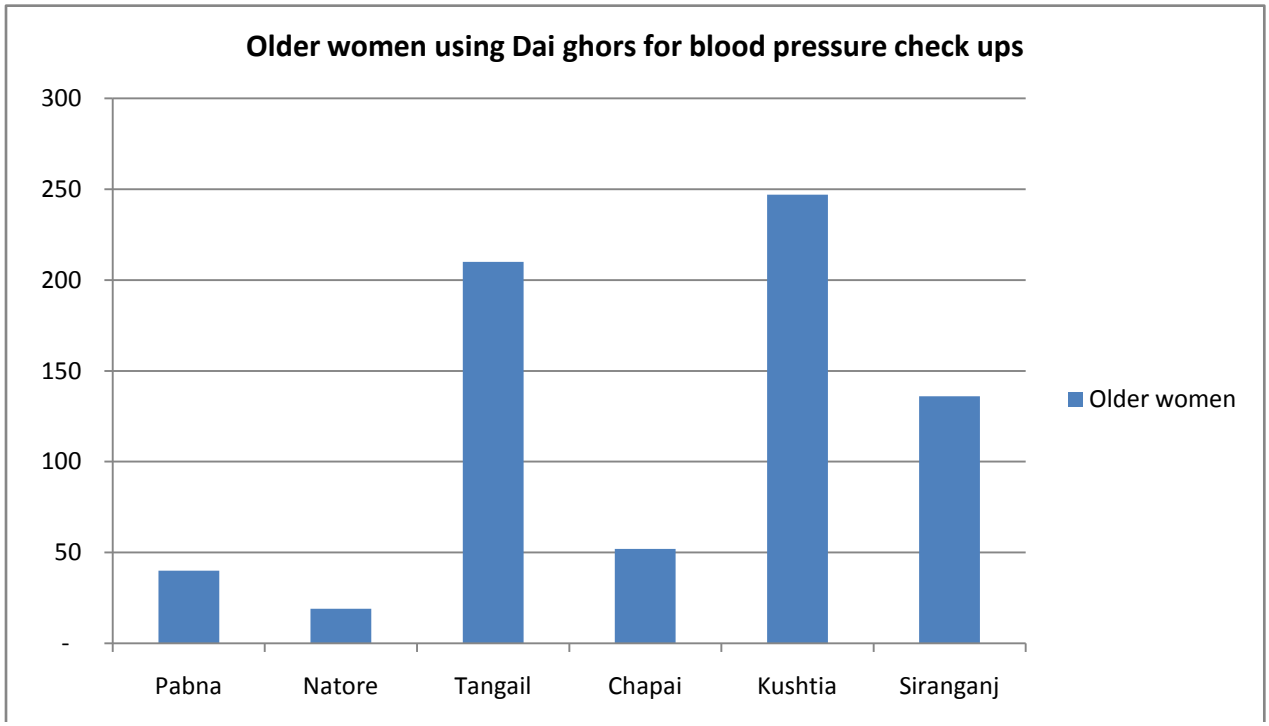
Community Actions: Child marriage and early pregnancy

The Daighors are not only responding to the health needs of women, children and adolescent girls but also playing a social awareness building role to combat child marriage and to prevent early pregnancies.



In the remote areas such as Sirajganj and Cox'sbazar the use rate is higher because they have no other opportunities to seek help. They love to check their weight.

Dai ghors also look after older women specially for checking blood pressure. Men can go to the pharmacy shops and can get their blood pressure checked by paying Tk. 20; but women cannot. So mother-in-laws, mothers and even grandmothers bring their daughers/daugher-in-laws and also check their own blood pressure. A close look at the blood prtessure record of older women, it is usually found to be at a higher level. That means those who come, they already feel the need.



Program with government Departments

1. Safe food meeting with health personnel and Dais

A training program of health personnel in Delduar upazilla was organised under the Food Safety project of FAO. In this programme Dai Mas from theDai Ghors were invited along with FWVs, FWAs, HAs and NGO health workers. The Dai Mas participated very actively with their knowledge on food safety and also learnt about micro-bial contamination food. The Civil Surgeon of Tangail was present in the meeting.

2. Visit of Additional Secretary, Roxana Quader, MOHFW

Additional Secretary Ministry of Health and Family Welfare visited a Dai Ghor in Shalpanaru in Tangail and she talked to the Dai Mas. The Civil SAurgeon of Tangail accompanied her. The Upazilla Health Complex officers, Medical officers and FWVs were present in the meeting. Roxana Quader emphasised on an integrated system of providing maternal health services to the women.

Summery: What do the Dai Ghors do in general?

- Register all the women in 4 to 5 villages under each Dai Ghor who are pregnant.
- Register all the Dai Mas that look after the pregnant women in each village.
- Register the pregnant mothers indicating the status of their health;
- Ensuring 4 anti-natal check up including recording of weight, blood pressure, status of nutrition and any other complication. If there is anything found negative, Dais take initiative to address them and if the situation is beyond their control, they do refer and accompany her to reach nearest govt. hospital;
- Newborn and children under 5 years are well looked after by DaiGhors. The Dais record the health status of each child since immediate after his/her birth and ensure to grow well. If necessary they also refer and accompany them to reach the nearest govt. hospital to treat any complication;
- Total 23 DaiGhors have been selected by National Immunization Program as Immunization Center. Dais are very active to ensure so that all children under 5 years are properly immunized. They also keep records. The Dais mobilize the parents for immunization and also accompany the children the to DaiGhors for immunization;
- Organize the Dai Mas to gather in one centre so that they can share their experiences with each other and learn;
- Dai ghors also become the place to make contact with the government healthcare providers;

Each DaiGhors organize Mothers meeting in every month. Pregnant mothers, women in reproductive age, elderly women, adolescent girls, Dais join the sessions. A wider range of issues are addressed in these sessions. It includes personal hygiene, water and sanitation, problems of reproductive health, how to protect adolescent girls and boys mentally and physically, food and nutrition, nutrition pyramid and plate, how to take preventive measure for seasonal diseases, how to produce nutritious and safe vegetable;

Each DaiGhors organizes both Community and Male members meetings on quarterly basis. The meetings inform the activities, progresses and challenges of each DaiGhors. The farmers, community leaders, local govt. representatives, teachers, traders and people from other occupation join the meetings. It gives an ownership among the community and male members to own the DaiGhors. They also extend their cooperation when necessary.

How Dai ghors play a role in Hard to reach areas?

The problems in hard to reach area differ from other places, so, each DaiGhors in hard to reach area mapping them and identify the strategies collectively;

- Because of bad communication in the rainy season, the Dais plan to organize most of the social activities in dry season;
- Like other areas, they ensure service, referral in a same manner round the year;
- In river char area, the Dais keep good relation with the fishers to get boat service for referral;
- In hilly area, the relation with horse-cart and push cart owner is maintained properly to get service for referral;
- Because of hard to reach area, the relation with the community people is maintained respectfully to ensure assistance from them;

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Dai Ghor activities in pictures