

Dhaka Ahsania Mission

Regional Strategy document

Mymensingh Region

Introduction:

Mymensingh region consist of four zillas (Mymensingh, Kishoregonj, Netrakona and Sunamgonj) is the poor districts and flash flood and disaster prone area in Bangladesh. More than half of the population in this Region lives below poverty line. They are much more leg behind than other district because of flash flood, drought, unemployment, low literacy rate etc. But there are many opportunities over here such as substantial agricultural products, water land, human resources, fish culture so on. For resource mobilizing, and also capacity building, it is indispensable to incorporate four sectors, which will be develop in line with the overall perspective plan. This regional program strategy determines the priority area for the next four years from 2012 to 2015 for sector programming and link those with the overall perspective plan of the organization.

Mymensingh is Haor & Char area in Bangladesh. Most of population lives in low poverty line. On the other hand Maternal & Child health situation is very poor in this region. In fact, Haor is the most vulnerable area and people of this area are fewer awards on MCHN. In sequence of Maternal mortality rate is 1.94/1000 live birth, <5 children mortality rate is 65/1000 live birth, neonatal mortality rate is 37/1000 live birth also iron deficiency rate (6-23month) is 64% and low birth weight is 36/100 live birth as per report of 2011 (BDHS) and Considering the above mentioned situation we have prioritized on MCHN. In order to meet challenges to improve living condition of this region and to addressing MCHN issues.

The context:

In light of education:

Existing service & Gaps in Education Sector:

Major Educational issues In Mymensingh region.

Which are need to be addressed can be categorized as follows:

- a. Access and equity.
- b. Quality of education including its relevance to the overarching development concern of poverty alleviation.
- c. Governance and management of education.
- d. Equity in the educational system and its contribution to social mobility.
- e. Poverty reduction through equal opportunity for the poor in education is a major concern.
- f. Linkage with livelihood.
- g. Linkage between formal and non-formal education.
- h. Inclusive policy
- i. Sustainability of interventions

- j. Regional diversity and adverse effects of the new development challenges of Climatic change and food insecurity in ultra poor's life.

Mymensingh can address the following major critical issues in the education sector :

Access and Equity: Inclusion of out of school, drop out physically/mentally challenged, ethnically disadvantaged and geographically, socially/economically hard to reach children, (adolescents and adults) in all streams of education will be consider with a focus of gender parity to get rid of a "Situation of exclusion". Inclusive policy for the children physically/mentally challenged, ethnically/religious/ geographically disadvantaged, socially/economically hard to reach to be taken up and supplement support the activities initiatives to address inclusive issues.

Quality: DAM has been engaging itself in designing, piloting and implementing effective, quality models of teaching learning process. Concerns still prevails on the issues of teachers training on appropriate pedagogical knowledge and skills, attractive classroom organization, increased attendance and completion/ retention rate, developing and supplying of attractive and life oriented learning materials (for the learners). Competency-based primary education curriculum has already been introduced.

Governance and management: due attention in the form orientation , training of the members of SMCs, CMCs, Ups, UZs. Re-organizing and capacitating the management committees of the educational institutes/centers is required. Community/local government's participation is essential for planning , implementation, monitoring, outsourcing of the resources and their effective usage during implementation of the interventions.

Poverty Reduction: Equal opportunity for the poor in education is the major concerns. Linkage with livelihood through equal opportunity of men and women towards poverty reduction is the major concentration .Basic and continuing education for lifelong learning, creation of opportunities of vocational and technical education/training and subsequent provision of microfinance for the learners/client groups to become either self-employed or be involved in sustainable IGAs is an effective model for adult non formal education.

Linkage between formal and non-formal education: Attention is to be given to promote collaboration and facilitate completion to each other's activities as well as mainstreaming of NFE learners through policy advocacy and establishing the evidence/models of Equivalence Education in the Country.

Skill HR Development: Bangladesh is considered to possess potential human resources. But without skills and jobs, a large portion of this population neither can make a productive contribution in GDP nor can change their socio-economic living condition. Many of this population live under poverty line for many years. In all national plans and policy document poverty is identified as key issue to be addressed by various strategic actions. One of such strategic action is skill development of human resources to make them able to enter in to the world of work either by wage-employment or self-employment. This way they can become asset in this population to make contribution in achieving the status of a middle income country within the next decade.

Sustainability: This will be promoted through institutional capacity building to assist the community to create ownership of the interventions/programs taken and take over all responsibilities to sustain the program.

In light of livelihood:

Bangladesh has made remarkable progress in poverty reduction over the past three decades but more than 50 percent of the country's 140 million people remain in poverty. The pace of poverty reduction must accelerate if Bangladesh is to reduce the number of people living below the poverty line from 58.8% (1990) to 29.4%, as agreed under the MDGs. Main purpose of DAM is to change the livelihood pattern of the people in general and the poor people in particular. In order to improve the livelihood pattern of the vulnerable people of the country, it is essential to arrange multi dimensional support for the poor people. Skill development and micro finance support play key roles for achieving 1st and 3rd goal of MDGs which are, a) Eradicate Extreme Poverty and hunger. B) Promote Gender equity and Empower women.

Agriculture is the corner stone in the Bangladeshi economy. The agriculture sector contributes about 19% of GDP and is providing livelihood for over 80% of the population (BBS-2007). In Mymensingh Region, agriculture has been diversified due to technical shifts, market opportunities, changes in dietary habits etc. Besides, agriculture diversification and skill/vocational training for increase the productivity of human resources some more complementary activities can be organized to improve the livelihood pattern of the disadvantage section of the people of the community.

There is a good potential for developing microfinance program in Mymensingh region. Over the period of time, the microfinance program has produced very positive contribution in the lives of its participants. The self-employment activities had contribution to total income for the participants and the nominal household income increased in program villages. Compared to non-participants the participants households were better able to cope with flood, sustain their income, and achieve higher purchasing power and consumption level. Microfinance helped participant's households to earn higher income than that of the non-participants. The participants household are better able to ensure more employment on own farms due to their better access to the land rental market. Wage and self-employment in non-agricultural sector is also higher for the participant households due to their access to microfinance program.

Mymensingh Region is the most vulnerable area to climate change because of its disadvantageous geographic location, flat and low-lying topography; high population density; high levels of poverty; reliance of many livelihoods on climate sensitive sectors, particularly agriculture and fisheries. Many of the anticipated adverse affects of climate change. Such as floods, Droughts, tropical cyclones and storm surges will aggravate the existing stresses that already impede development in Mymensingh particularly by reducing food security.

In the light of health:

The constitutional commitment of the government of Bangladesh is to provide basic health and medical requirements to all people in the society. The constitution of the People's Republic of Bangladesh ensured that "Health is the basic right of every citizen of the republic", as health is fundamental to human development. According to Articles 15 and 18 of the constitution of Bangladesh access to healthcare is ensured for every citizen of the country. Mymensingh has achieved progress in population and health over the past 30 years and is one of areas that are on track to achieve the MDG for reducing child mortality. In the last 15 years, U5MR has declined from 133 deaths per 1000 live births to 65. This decline is mostly due to reduction in the child mortality rate from 50 to 14 and the post-neonatal mortality rate from 35 to 15. The neonatal mortality rate, however, remains high at 37 accounting for 57 percent of all under-5 deaths. Although maternal deaths continue to decline steadily, the

MMR is still high about 340 per 100,000 live births. Since, the early 1970s, the Total Fertility Rate (TFR) has declined from 6.3 children per women to 2.6 in 2011, and the contraceptive prevalence rate has increased from 8 percent to 56 percent. However, unplanned pregnancies still account for 30 percent of all births. Improvements in the use of family planning and maternal and child health services are particularly slow in Mymensingh geographic area of the country. Up-to 0-5 years old 41% children have been suffering from illness & blood deficiency in this area. Pregnancy & postnatal mothers 55% have been suffering from blood deficiency in this area.

Policy level: In order to address the poor state of MNCH, the government of Bangladesh has undertaken several initiatives since independence. In 1985, safe delivery became a key component in the GoB's MCH strategy. The first assessment of maternal health services was done in 1988. The recommendations based on it were translated into the planning process for the Fourth Population and Health Programme, which continued up to 1998. In order to detect early and refer complicated cases, the EOC programme was undertaken in early 1990s and the rights-based comprehensive National Maternal Health Strategy was adopted in 2001. The strategy has been integrated into the Health and Population Sector Programme, (HPSP 1998-2003) and into its follow-up the Health, Nutrition and Population Sector Programme, (HNPS 2003-2006). NGOs and bilateral agencies have played a vital role behind the success of the population sector as they provided specific policy recommendations based on research-based intervention programmes.

In the light of HR & SJ:

Human rights are universal, indivisible and interdependent is stated clearly right from the UN charter to the UDHR and affirmed in subsequent instruments. It was reaffirmed in article 5 of the 1993 Vienna Declaration and Programme of Action. The individual must be able to enjoy freedom from want as well as freedom from fear. Respect for the dignity of an individual cannot be ensured without that person enjoying all rights. Entitlement and access to basic social services is precondition to maintain a standard of living and state has the obligation to guarantee these for all citizens. As duty bearer state should ensure that all public services. With appropriate institutional arrangement deliver the services to its citizens. Of these services some of the basic and essentials are food, clothing, shelter, health, education and security. The constitution of Bangladesh endorsed these requirements as rights of all citizens. The long term poverty reduction and social development strategy of Bangladesh (Poverty Reduction Strategy Paper) has drawn a road map towards achieving the reduction of income gap and building human and social capital through creating options of livelihood opportunities, reducing gender discrimination, making quality education, environment sustainability and other public services available for all citizens.

Women's social and cultural status is lower than men. Early marriage, dowry, polygamy, domestic violence and trafficking often ruin women's as well as children's lives. Though new laws are enacted for women and children, the disadvantaged sections of them are deprived of it mainly because of lack of adequate knowledge of rights, their poverty, due to lack of societal support towards them, lack of implementation of existing laws and those make them prime object of violence and oppression and inadequate access to the existing judicial system. Men are also deprived from getting the available resources of the local level even system.

Poverty and lack of societal support makes the people prime object of trafficking and continue to face various forms of violence and oppression. Limited access to basic services particularly available information of the local

resources, information dissemination, entitlement, social justice legal support & protection of the deprived & helpless people have to confront with the terrible situation in consequence thereof they are subjected to migration from their root and also become victims of trafficking and face various forms of violence, harassment and degradation.

To protect from exploitation and abuse is also not enforced due to organizational inadequate capacity of the law enforcing agencies. Rescue is a thorny issue, repatriation is also a much delayed, bureaucratic and complicated process, returning of survivors may have problems in adjusting in rehabilitation programs. As a result, some social practice, which are detrimental for their status in society. All these factors make people vulnerable and easy target of traffickers, violators and abusers.

In the above circumstances, DAM has given emphasis on regional strategy document so that it can keep substantial contribution nationally in four major sectors like livelihood, education, health and human rights & social justice implementing program interventions through proper utilization of resources to focus regional priority.

Regional diversity:

The climate of Mymensingh is moderate, much cooler than Dhaka, as it is closer to the Himalayas. The monsoon starts in May or June and continues till August. It rains heavily and sometimes for days and weeks. During the monsoon, the temperature varies between 15 and 20 degrees. The temperature falls below 15 °C (59 °F) in winter which is spread over December and January and may well include November and February. The highest temperature is felt during April–May period, when the temperature may be as high as 40 °C (104 °F). High humidity causes heavy sweating during this period.

More than half of the population in this Region lives below poverty line. Mymensingh region is one of the poor areas in Bangladesh. Many social dimensions that indicates greater level of diversity in Mymensingh region, Economical diversity includes many issues like day labor, child labor, unemployment & marginal farmers, seasonal migration, permanent and seasonal Migration other than huge agricultural production, water bodies (Hawor) provides wide varieties of fish, one the major sources of country's China-Clay used for ceramic products (Bijoypur Durgapur upazila), forest, river. Geographical diversity includes Hill, 'Hawor', Char, forest, River, plain land, conspicuous place.

Educational diversity of Mymensingh region includes many Educational institute of here like Agricultural University, Medical College, girl's cadet college, PTI, Engineering institute etc but Mymensingh region average literacy rate 23.72. It is very much remarkable because 85 % people live in village and they are not aware about education. Another in village level has not sufficient education institutions and lack of Smooth communication. Several ancestral communities are living in the region (i.e Garu, hajong, mog). Religion is Islam, Hinduism and Christianity. Cultural diversity is Mymensingh Gitika, Mahua, malua, Vatiali, Jari, Shari and Adibashi cultural institute. Many great poets, Actors, singer, artist, political man like Joynul Abedin, Sayed Nazrul Islam, Humayun Ahmed, Nirmolendu Gun, Bari Siddique and others. Place of interest: Jangalbari Fort, Egarosindur, Sadi Mosque, Fort of Isa Khan, Fairy tales, Shah Mahmud Mosque, House of poet Chandrabati under Kishoregonj district, Garo Hill, under Mymensingh district. Basically poly & early marriage is mass influence in the haor area. In this regards more than half of the population in this Region lives below poverty line with many others dimensions that indicates greater level of diversity in Mymensingh region. These include lack of awareness, low literary rate,

Dowry, Early marriage, Polygamy, Drug addiction, women violence, conservative and less right based activities etc. on the others hand poor parents has a tendency to give their daughter and sons in to early marriage. A part of Health sector high death rate, illness in favor of many private Hospital, clinic and diagnostic center.

Priorities to address region: MCHN Maternal Child Health and Nutrition:

Priority Intervention in Mymensingh Region :The primary activities included training, ENC services, BCC activities, advocacy; regular monitoring, *supportive supervision to health workers of different cadres and community groups who provide service* during ante-natal, intra natal, post-natal and neonatal periods, referral of sick newborns, and neonatal care practices by women and family members including birth preparedness. Through BCC, DAM Mymensingh regions target is the mothers of infants and secondarily the family decision-makers including husbands, mother-in-laws, caregivers (formal and non-formal) and village leaders. Health education messages to be provided through HHs visit. Mymensingh region will take community-based strategy. Trained TBAs will provide delivery and postnatal care in all project areas. The community-based strategies included door-to-door visits, village health committees, courtyard meeting, training of village doctors, and use of community leaders as promoters.

Regional resource potentialities and community situation:

Mymensingh region is a high level of poverty and good agricultural potential like agro based production area. Even though, Mymensingh region is a flood prone area yet this area belongs to resources potentialities in many ways. Here is river, forest, Hilly, char, Hour , plain land. Poor people in these areas often depends on landlords and garments sector their income is very poor.

They are vulnerable to emergencies such as death, illness as a result create many private hospital also gov. Hospital and some season loss of crops. Many live in remote areas like char and Hour areas with weak communication links and a lack of Government and non government service provider's services.

If, though MCHN is the acute problem in the Region, have the lot of opportunities for enhancing the situation of Mother Child Health and Nutrition. The following can contribute effectively:

Primary level Village Satellite clinic ,Community clinic , Skilled birth attendants, NGO workers, Community groups, Union Health & Family Welfare Centre, Upazila Health Complex , Secondary level District hospital , Teaching hospital/institute , Trained Village doctor, -Community health Volunteers, Trained TBAs, Working area coverage existing project activity, In spite of vulnerability, there is a great opportunity to increase agricultural production through access to information, adaptation of new technologies and linkage to markets. Apart from, another opportunity is industry, water land, tourist place. So it is needed to ensure community participation, Resources mobilizations, capacity building of the community based organization to address regional priorities.

Present program activities, achievements, Area, Challenges faced and lesson learnt:

In Mymensingh region, a good number (06) of projects of DAM is implementing at present covering four districts.

The key activities are

UNIQUE II Project

- NFPE school preparedness
- Remedial support for slow learners
- Livelihood linkage,
- Community capacity building
- Collaboration formal and non- formal system

1. Amader Fulbaria

- Ensure Safe drinking water
- Promote hygiene latrine
- Awareness on health issues
- Arsenic test and mitigation
- Awareness on hotel service
- discussion meeting with school children/ adolescent on DRR and health issues

2. SHOUHARDO II Program

- Agricultural
- Health and Nutrition
- Empowerment
- Institutions building
- Disaster

3. School Feeding program in poverty prone area

- Communication with District and upazila level
- Survey
- Orientation
- Biscuits distribution
- Reporting

4. Strengthening good governance primary school in ensure quality Education

- Camp Management
- School Improvement Plan (SIP)
- Ward Education Committee
- Courtyard Meeting
- Project Dissemination
- Enrollment Rally
- International Literacy day (ILD)
- Mother Gathering

- Teacher Training
- 5. Micro finance**
- Group formation, Savings collection & loan disbursement
- Insurance support, Training & orientation
- Linkage establishment with other service providers, Employment

Achievements:

- Multi grade teaching learning approach
- Linkage with GOB
- Reactivation of UP standing committee
- Universal primary education
- Home stead gardening
- Lively hood option
- Community led activity
- Asset generation
- UDMC meeting
- UTNC Meeting
- Established local people's organization
- Prepared contingency plan
- Women Empowerment
- Established Union forum of EDVAW
- Established NNPC
- Net working with other NGO
- Substantial contribution by community
- Spontaneous participation by community
- Employment opportunity
- Behavioral changes

Challenges faced:

Despite unfavorable socioeconomic situation such as low literacy rate, poverty, low status of women, religious barrier, and gender disparity is major problem in Mymeningh region, some points are mansion below:

- Poverty, Hard to reach area
- Lack of Education
- Distance and lack of transport facilities.
- Critical Communication
- Lack of Awareness
- Flash flood, River erosion, Migration
- Inconsistent cooperation between MCWCs and district hospitals

- Non-availability of trained human resources and supplies (drugs & equipments) in DH, MCWC and UHC, Most of the DH, MCWC and UHC lack facilities for D & C, blood transfusion and storage, general anesthesia and drugs,
- Tremendous cost for services,
- Lower status of women in the society often led them lack decision making power.
- Introduce to the multi grade system
- Communication of Char and Hour area
- Volunteer drop out

Lessons learnt:

- Community contribution and active participation to sustain the project activity.
- VDC, SMC, CMC, CAG, PTA, CLC, LRC have played key role to develop community ensuring advocacy on behalf of poor & extreme poor through linkage different service providers
- Multi-grade teaching learning has been effective and time-befitting for NFPE.
- It has been proved that implementation of the project activities effectively is absolutely possible developing linkage with LEBs.

Mymensingh Region Program Information:

District	Upazila	Project Name	Major Component	Beneficiary group				
				Women	Men	Girl child	Boy child	
Mymensingh	Sadar	UNIQUE II	NFPE, CLC, PPE, CAG, CMC, LRC	1204	1433	588	493	
	Fulbaria	Amader fulbaria	Ensure Safe drinking water, Promote hygiene latrine, Awareness on health issues, Arsenic test and mitigation, Awareness on hotel service, discussion meeting with school children/ adolescent on DRR and health issues	15989	16610	1905	1632	
	Ishargonj	School Feeding program in poverty prone area	HEB Distribution, community mobilization, Nutrition, Quality education	0	0	28558	25643	
	Nandail				0	0	32978	30769
		SHOUHAR DO II		Agricultural, Health and Nutrition, Empowerment, Institutions building, Disaster	14106	1575	345	255
	Phulpur	UNIQUE II		CLC, PS, CAG, CMC, LRC	1265	1409	558	517
		SHOUHAR DO II		Agricultural, Health and Nutrition, Empowerment, Institutions building, Disaster	11490	1225	360	180
			School	HEB Distribution, community	0	0	47507	43429

	Haluaghat	Feeding program in poverty prone area	mobilization, Nutrition, Quality education				
		UNIQUE II	CLC,PS,CAG,CMC, LRC	1457	1259	538	523
	Dhubaura	UNIQUE II	CLC,PS,CAG,CMC, LRC	1423	1232	569	424
		School Feeding program in poverty prone area	HEB Distribution, community mobilization, Nutrition, Quality education	0	0	16566	14423
Netrakona	Mohongonj	UNIQUE II	CLC,PS,CAG,CMC, LRC	1230	1468	595	470
	Barhatta Durgapur Purbodhala	Micro Finance	Agriculture, RMC, ME, Seasonal, Ultra poor.	1502	106		
				450	0	0	0
				301	0	0	0
	Kalmakanda	UNIQUE II	CLC,PS,CAG,CMC, LRC	0	0	0	0
	khaliajuri			0	0	0	0
	Sadar			0	0	0	0
Sunamgonj	Darmopasha	Strengthening good governance primary school in ensure quality Education	Camp Management, School Improvement Plan (SIP), Ward Education committee, Courtyard Meeting, Project Dissemination, Training	15280	7938	3453	3110
Kishorgonj	Sadar	UNIQUE II	CLC,PS,CAG,CMC, LRC	0	0	0	0
	Itna			1463	1245	614	451
	Mithamoin			1237	1328	590	469
	Austogram			0	0	0	0

Regional Focal Person: Ms. Sheuli Rani Biswas

Central Focal Person for Mymensingh Region: Md. Asaduzzaman

Dhaka Ahsania Mission

Mymensingh Region

Thematic Paper

Regional Theme: Maternal and Child Health & nutrition

Context : Mymensingh is Haor & Char area in Bangladesh. Most of population lives in low poverty line. On the other hand Maternal & Child health situation is very poor in this region. In fact, Haor is the most vulnerable area and people of this area are fewer awards on MCHN. In sequence of Maternal mortality rate is 1.94/1000 live birth, <5 children mortality rate is 65/1000 live birth, neonatal mortality rate is 37/1000 live birth also iron deficiency rate (6-23month) is 64% and low birth weight is 36/100 live birth as per report of 2011 (BDHS) and Considering the above mentioned situation we have prioritized on MCHN. In order to meet challenges to improve living condition of this region and to addressing MCHN issues.

Mymensingh region recognized of four districts (Mymensingh, Kishoregonj, Netrakona and Sunamgonj). The region is actually disaster prone area in Bangladesh. In this regarding Health is one of the major issues in our region and more than half of the population in this Region lives below poverty line. The livelihood status of this region population is under the bellows In Mymensingh. Most of the children are affected mal nutrition seriously in this Region. The mother death rate is high in lieu of normal death, and most of the pregnant & postnatal mother has been seriously affected of blood deficiency in this area. Most of the girls are no idea about health service for this Region. They have been gradually neglected from health service.

One in eight women receives delivery care from medically trained providers and fewer than half of all pregnant women in Bangladesh seek ante-natal care. Inequity in maternity care is significantly reduced by ensuring the accessibility of health services. In June 2011, the [United Nations Population Fund](#) released a report on [The State of the World's Midwifery](#). It contained new data on the midwifery workforce and policies relating to newborn and maternal mortality for 58 countries. The 2010 maternal mortality rate per 100,000 births for Bangladesh is 340. This is compared with 338.3 in 2008 and 724.4 in 1990. The less than 5 mortality rate, per 1,000 births is 55 and the neonatal mortality as a percentage of under 5's mortality is 57. The aim of this report is to highlight ways in which the [Millennium Development Goals](#) can be achieved, particularly Goal 4 – Reduce child mortality and Goal 5 – improve maternal health. In Bangladesh the number of midwives per 1,000 live births is 8 and 1 in 110 shows us the lifetime risk of death for pregnant women.

Clarification of the Concept:

Objective

Improve the health and well-being of women, infants, children, and families.

Overview

Improving the well-being of mothers, infants, and children is an important public health goal for the Bangladesh. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The objectives of the Maternal, Infant, and Child Health topic area address a wide range of conditions, health behaviors, and health systems indicators that affect the health, wellness, and quality of life of women, children, and families.

Important of Maternal Child Health and nutrition

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- Hypertension and heart disease
- Diabetes
- Depression
- Genetic conditions
- Sexually transmitted diseases (STDs)
- Tobacco use and alcohol abuse
- Inadequate nutrition
- Unhealthy weight

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

Understanding Maternal Child Health and nutrition

Many factors can affect pregnancy and childbirth, including:

- Preconception health status
- Age
- Access to appropriate preconception and inter-conception health care
- Poverty

Mother and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers.

Social Determinants of Maternal Health

These include pre-pregnancy health behaviors and health status which are influenced by a variety of environmental and social factors such as access to health care and chronic stress.

Physical Determinants of Maternal Health

Common barriers to a healthy pregnancy and birth include lack of access to appropriate health care before and during pregnancy. In addition, environmental factors can shape a woman's overall health status before, during, and after pregnancy by:

- Affecting her health directly.
- Affecting her ability to engage in healthy behaviors.

Social Determinants of Child Health

The social determinants that influence maternal health also affect pregnancy outcomes and infant health.

Physical Determinants of Infant and Child Health

The cognitive and physical development of infants and children is influenced by the health, nutrition, and behaviors of their mothers during pregnancy and early childhood. Breast milk is widely acknowledged to be the most complete form of nutrition for most infants, with a range of benefits for their health, growth, immunity, and development.

Regional diversity:

The climate of Mymensingh is moderate, much cooler than Dhaka, as it is closer to the Himalayas. The monsoon starts in May or June and continues till August. It rains heavily and sometimes for days and weeks. During the monsoon, the temperature varies between 15 and 20 degrees. The temperature falls below 15 °C (59 °F) in winter which is spread over December and January and may well include November and February. The highest temperature is felt during April–May period, when the temperature may be as high as 40 °C (104 °F). High humidity causes heavy sweating during this period.

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education. Another in village level has not sufficient education institutions and lack of Smooth communication. Several ancestral communities are living in the region (i:e Garu, hajong, mog). Religion is Islam, Hinduism and Christianity. Cultural diversity is Mymensingh Gitika, Mahua, malua, Vatiali, Jari, Shari and Adibashi cultural institute. Many great poets, Actors, singer, artist, political man like Joynul Abedin, Sayed Nazrul Islam, Humayun Ahmed, Nirmolendu Gun, Bari Siddique and others. Place of interest: Jangalbari Fort, Egarosindur, Sadi Mosque, Fort of Isa Khan, Fairy tales, Shah Mahmud Mosque, House of poet Chandrabati under Kishoregonj district, Garo Hill, under Mymensingh district. Basically poly & early marriage is mass influence in the haor area. In this regards more than half of the population in this Region lives below poverty line with many others dimensions that indicates greater level of diversity in Mymensingh region. These include lack of awareness, low literary rate, Dowry, Early marriage, Polygamy, Drug addiction, women violence, conservative and less right based activities etc. on the others hand poor parents has a tendency to give their daughter and sons in to early marriage.

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DAM sect oral strategy or Priority:

In the light of health:

The constitutional commitment of the government of Bangladesh is to provide basic health and medical requirements to all people in the society. The constitution of the People`s Republic of Bangladesh ensured that “Health is the basic right of every citizen of the republic”, as health is fundamental to human development. According to Articles 15 and 18 of the constitution of Bangladesh access to healthcare is ensured for every citizen of the country. Bangladesh has a fair complement of well-designed public health strategies and policies, such as

- National Policy for Safe Water Supply & Sanitation (NWSS), 1998
- Sector development Framework (SDF). 2004 and Sector Development Plan 2005.
- HIV/AIDS Strategy, 2004
- Population Policy 2004
- National Sanitation Strategy 2005.
- Maternal Health Strategy-2001 and Adolescent Reproductive Health Strategy-2005
- The Pro-poor Strategy for Water and Sanitation 2005
- National Health policy (of which a revision has been drafted)2006

In the last 40 years of our Independence there has been significant progress in basic health. The health plans of the country emphasize Primary Health Care (PHC) as the key approach for improving health status of the people. The roles of the individual, family and community are emphasized in the intensified action program for PHC implementation, which involves decentralized planning at upazila and union level.

The World Health Organization **defines health** as a state of complete physical, mental and social well-being and not merely the absence of infirmity. Many factors influence health status and a country`s ability to provide quality health service for its people. It is well recognized that health is an issue of socio-economical as well as biomedical,

where education, social rights, livelihood options play supplementary and complementary role in the fight against poverty. Health including population planning, nutrition and sanitation has been emerged as a special thematic sector in PRSP of Bangladesh, which address 5 MDG goals (out of 8 goals) . the eight Millennium Development Goals (MDG`s) build on agreements made at United Nations conference in the 1990s and represent commitments to reduce poverty and hunger and to tackle ill-health, gender inequality, lack of education, lack of access to clean water and environmental degradation . the issues have been translated into Health Nutrition Population Sector Program (HNPS) for action in reaching the MDG targets.

Bangladesh has made significant progress in health outcomes, Infant and child mortality rates have been markedly reduced. Control and prevention of disease, such as measles, poliomyelitis and diphtheria along with widespread use of ORS for diarrheal disease have greatly reduced childhood mortality and morbidity. Life expectancy has risen steady. Reversing past trends, women now live longer than men. The fertility rate (TFR) declined significantly. Maternal mortality and under-nutrition rates, though still very high, are registering decline. Leprosy has been eliminated nationally. Case detection and treatment cure rate for tuberculosis has progressed significantly. HIV prevalence is still very low. Development of Countrywide network of healthcare infrastructure in public sector is remarkable. Following description is presented on some major areas as health context in Bangladesh.

Policy level: In order to address the poor state of MNCH, the government of Bangladesh has undertaken several initiatives since independence. In 1985, safe delivery became a key component in the GoB's MCH strategy. The first assessment of maternal health services was done in 1988. The recommendations based on it were translated into the planning process for the Fourth Population and Health Programme, which continued up to 1998. In order to detect early and refer complicated cases, the EOC programme was undertaken in early 1990s and the rights-based comprehensive National Maternal Health Strategy was adopted in 2001. The strategy has been integrated into the Health and Population Sector Programme, (HPSP 1998-2003) and into its follow-up the Health, Nutrition and Population Sector Programme, (HNPS 2003-2006). NGOs and bilateral agencies have played a vital role behind the success of the population sector as they provided specific policy recommendations based on research-based intervention programmes.

Maternal and Child Health situation in Bangladesh:

Health and education levels remain relatively low, although they have improved recently as poverty (31% at 2010[1]) levels have decreased. Most Bangladeshis continue to live on subsistence farming in rural villages. For those in rural areas, village doctors with little or no formal training constitute 62% of the healthcare providers practising modern medicine and the formally trained providers are occupying a mere 4% of the total health workforce. The health seeking pattern of the villagers show that nearly 70% of the patients who consulted a healthcare provider for curative services, contacted a village doctor. Showing clearly that village doctors is a major player in the healthcare system. As such, health problems abound, springing from poor water quality and

prevalence of infectious diseases. The water crisis is acute, with widespread bacterial contamination of surface water and arsenic contamination of groundwater.[3] Common diseases such as Malaria, Leptospirosis and dengue were rampant in Bangladesh. In 2009, deaths due to Tuberculosis amongst the HIV-negative was 51 per 100 000 population, and prevalence of Tuberculosis was 425 per 100 000 population. The case detection rate for all forms of Tuberculosis is at 44% in 2009. Moreover, the number of cases of Malaria reported in 2009 was 79853 and cases of Leprosy reported were 5239 in 2009 and 3848 in 2010.

The poor health condition in Bangladesh is attributed by the lack of healthcare and services provision by the government. The total expenditure on healthcare as a percentage of their GDP was only 3.35% in 2009, according to a World Bank report published in 2010.[4] The number of hospital beds per 10 000 population is 4.[5] The General government expenditure on healthcare as a percentage of total government expenditure was only 7.9% as of 2009 and the citizens pay most of their health care bills as the out-of-pocket expenditure as a percentage of private expenditure on health is 96.5%.

Malnutrition rates have seen a marked decline in Bangladesh throughout the 1990s, but remained high at the turn of the decade. Nationally, 41% of children less than five years are moderately to severely underweight and 43.2% suffer from moderate to severe stunting, an indicator for chronic malnutrition. Underweight prevalence decreased slightly between 2004 and 2007. Of greater concern are the rates of wasting that increased over the same period reaching 17.4 %, exceeding the WHO emergency threshold level (15%), which indicates an urgent need for action.

Micronutrient deficiencies especially iron and folic acid deficiencies that result in nutritional anemia in children and women and neural tube defects in newborns remain a public health problem in Bangladesh. Poor intake of foods rich in iron and folic acid and multiple infections have resulted in high rates of anemia among pregnant women and children less than two years. Coverage of pre and postnatal iron and folic acid supplements is very low (only 15% of pregnant women in rural areas take at least 100 tablets during pregnancy) due, in part, to low compliance rates and low coverage of antenatal services. Coverage of multiple micronutrient supplements formulated to address iron and other micronutrient deficiencies is also very low.

Maternal and Child Health situation in Mymensingh region:

Mymensingh has achieved progress in population and health over the past 30 years and is one of areas that are on track to achieve the MDG for reducing child mortality. In the last 15 years, U5MR has declined from 133 deaths per 1000 live births to 65. This decline is mostly due to reduction in the child mortality rate from 50 to 14 and the post-neonatal mortality rate from 35 to 15. The neonatal mortality rate, however, remains high at 37 accounting for 57 percent of all under-5 deaths. Although maternal deaths continue to decline steadily, the MMR is still high about 340 per 100,000 live births. Since, the early 1970s, the Total Fertility Rate (TFR) has declined from 6.3 children per women to 2.6 in 2011, and the contraceptive prevalence rate has increased from 8 percent to 56 percent. However, unplanned pregnancies still account for 30 percent of all births. Improvements in the use of family planning and maternal and child health services are particularly slow in Mymensingh geographic area of the country.

Up-to 0-5 years old 41% children have been suffering from illness & blood deficiency in this area.

Pregnancy & postnatal mothers 55% have been suffering from blood deficiency in this area.

0-5 years old childrens death rate 52 no within 1000 in this area according to BDHS-2011.

0-5 years old children mother's death rate 1.94 within 1000 in this area according to BDHS-2011.

Major Problem:

Despite unfavorable socioeconomic situation such as low literacy rate, poverty, low status of women, religious barrier, and gender disparity is major problem in Mymensingh region, Some points are mentioned below:

- Inconsistent cooperation between MCWCs and district hospitals
- Non-availability of trained human resources and supplies (drugs & equipments) in DH, MCWC and UHC,
- Most of the DH, MCWC and UHC lack facilities for D & C, blood transfusion and storage, general anesthesia and drugs,
- Tremendous cost for services,
- Lower status of women in the society often led them lack decision making power,
- Poverty,
- Lack of Education
- Distance and lack of transport facilities.
- Critical Communication
- Lack of Awareness

Opportunity of Mymensingh region:

If, though MCHN is the acute problem in the Region, have the lot of opportunities for enhancing the situation of Mother Child Health and Nutrition. The following can contribute effectively:

- Primary level Village Satellite clinic
- Community clinic
- Skilled birth attendants
- NGO workers
- Community groups
- Union Health & Family Welfare Centre
- Upazila Health Complex

- Secondary level District hospital
- Teaching hospital/institute
- Trained Village doctor
- Community health Volunteers
- Trained TBAs
- Working area coverage existing project activity

DAM Strength and excellence in the region

DAM has been working since 1995 in this region with health, water and sanitation, education, livelihood and local government and has been gradually expanding its interventions in the field of education and livelihood. DAMs collaboration with the government and non government organizations and other civil society groups are enhancing in this region. Community participation to run NFPE centres and learning resource centres from their own resources are one of the worth mentioning efforts that DAM has been able to ensure in the working areas.

Existing Service:

GO department: To address the poor state of MNCH the government of Bangladesh has undertaken several initiatives since independence. In order to detect and refer complicated cases, the EmOC programme was undertaken in early 1990s and the rights-based comprehensive National Maternal Health Strategy was adopted in 2001. The strategy has been integrated into the Health and Population Sector Programme (HPSP 1998-2003) and the Health, Nutrition and Population Sector Programme (HNPS 2004-2011).

If consideration the health sector gradually improve last many of years. So Government can't give the quality services to root level and especially rural areas. May be reason lack of in acute service, insufficient facilities, not well commutation and political situation is also influence.

Service from NGOs : Many programmes and efforts have been implemented in Mymensingh region to solve the problem of malnutrition in Bangladesh. UNICEF together with the government of Bangladesh and many other NGOs such as BRAC, focus on improving the nutritional access of the population throughout their life-cycle from infants to the child-bearing mother. The impacts of the interventions are significant. Night blindness has reduced from 3.76% to 0.04% and iodine-deficiency among school-aged children has decreased from 42.5% to 33.8%.

Different NGOs provides essential services package comprising family planning and safe motherhood services, and adolescent and child care services at Primary Health Care (PHC) level through domiciliary and facility-based service delivery points. Several bilateral agencies and non-government organizations (NGO) are providing hospital or community-based services or both in order to Supplement and complement government's initiatives in this field.

Integration and synergic linkages with other development program:

Integrated food security:

In Bangladesh, crop production, predominantly rice, is characterized by fluctuations in yield that are tied to climatic conditions. Recurrent natural disasters such as floods and flash flood have affected rice production and the livelihoods of both urban and rural populations. Food security and access of the poor to a diverse and balanced diet remains a challenge. Global food price hikes have dealt a new blow to those who are already nutritionally insecure in Bangladesh.

An important dynamic in Mymensingh that undermines nutrition outcomes, is seasonality. Levels of malnutrition (wasting and underweight) follow a seasonal tendency, increasing during the summer months and decreasing in the winter months. During summer months, the increased levels of malnutrition are linked to rise in child morbidity and restricted access to food resources. Diarrhea and acute respiratory infections are major causes of illness especially in children. Diarrheal disease has been repeatedly linked to increased risk of malnutrition, underpinned by conditions such as lack of clean water, poor sanitation and inadequate health services.

Governance & Management: Due attention in the form orientation, training of the members local elite person and GoB staff which will be addressing sector activities. Re-organizing and capacitating the management committees of the local government's participation is essential for planning, implementation, monitoring, outsourcing of the resources and their effective usage during implementation of the interventions.

Education: We know that education is the back bone of the nation. And also education is pre condition of development. At the same time the inter relation among health with education is much closed. A literate mother is more aware about health 'Health is wealth'. A healthy mother means healthy child. An educated mother is able and aware to take primary health care. Capable Couples are ware to take child; educated mothers are able to understand towards quality balance food. Educated man and women are play constructive efforts for family planning educated people are aware regarding the nutrition of food. Educated people are easily communicated along with the health service provider. Educated mother are able to take primary health care of mother and child. To ensure mother and child health care are very essential through education.

Children Nutrition Improvement: Nutrition is very important and essential elements for new born child. And also nutrition is very essential for pregnant mother and to keep mother and child health care. It is needless to say that the children are affected from night blind due to mal nutrition. Today's healthy child is future health nation of the country. Mal nutrition child knowledge and receiving capacity and growth is less than the healthy child.

Disaster Risk Reduction: During the disaster period pregnant mother and adult man and women patient are neglected to get proper treatment. Post natal and child died due to lack of proper health service increase child death. Lack of ensure balance diet pregnant mother and child suffering nutrition, uneducated health service during disaster period. As a result early death occurred. During the disaster period government health service and neglected service provider (Doctors). Lack of safe delivery mother and new born child death risk is alarming. Analysis the situation need improve the MCHN status for risk reduction.

Micro Finance: To invest the micro finance to the income generating activities (poultry, cow and goat rearing, small enterprise, fish culture, homestead gardening) for uplift the family betterment. The micro finance to be addressed the treatment and balance food to improve mother and health nutrition. Micro finance gives support to women for positioning and dignity in the families. At the same time Husband wife conjugal life would be sweety, happy and keep good harmony day by day.

Advocacy to Local level: Orientation session on MCHN at union and upazila level may be the effective part of the advocacy. Need initiative for Linkage with mother and child along with the service provider institution to ensure service at union & upazila level. To encourage and motivate the concern service provider of govt. and non govt. to extends their kind co-operation and services towards mother and child health nutrition advocacy will be the compulsion. It will be needed to encourage and motivate the service provider to prepare a plan for follow-up and necessary treatment of the pregnant mother and neo-born child health care.

Gender: Gender means equity among the male and female. We would like to compare mother and child health care and nutrition situation in Mymensingh Region. Usually Pregnant mothers are neglected in family life. Mothers could not take adequate food due to lack of family life education. Mothers could not take proper care and treatment due to poverty neglect of family and also health service provider. On the other hand it is great regret suffers and oppress by her husband and other family members.

Challenges: Socio-cultural challenges including lack of decision-making power by women within household, poverty, and poor infrastructure such as roads, transport and communications remain significant barriers to accessing rural health (RH and Emergency Obstetric Care (EOC) services in Mymensingh region. The challenges are mentioned below;

-Employment generation in odd season.

-Hard to reach area

Backward communication

Flash flood

River and wave erosion

Activate Union health standing committee.
High rate of Acute Respiratory Infections
Male are not interested FP method.
Gender discrimination.

Intervention in Mymensingh Region:

The primary activities included training, ENC services, BCC activities, advocacy; regular monitoring, *supportive supervision to health workers of different cadres and community groups who provide service* during ante-natal, intranatal, post-natal and neonatal periods, referral of sick newborns, and neonatal care practices by women and family members including birth preparedness. Through BCC, DAM Mymensingh regions target is the mothers of infants and secondarily the family decision-makers including husbands, mother-in-laws, caregivers (formal and non-formal) and village leaders. Health education messages to be provided through HHs visit. Mymensingh region will take community-based strategy. Trained TBAs will provide delivery and postnatal care in all project areas. The community-based strategies included door-to-door visits, village health committees, courtyard meeting, training of village doctors, and use of community leaders as promoters.

Details Plan Attached:

Conclusion:

DAM staff will be encouraged for maintaining close links with both higher and lower level health facilities sources to encourage referral of cases that could not be manage at a given level. District and *upazila* level managers will involve in promoting links between lower level facilities and the MCWCs as a first referral centre for STI and obstetric emergencies. Links will also make between government and project staff and local and international NGOs working in the area to coordinate coverage of services, transport arrangement and community awareness building activities.

Regional Implementation plan (Mymensingh Region):																
SL	Name of activity	Location	Time frame										Responsibility	Support	Remarks	
			March	April	May	June	July	August	Sept	Oct	Nov	Dec				
	Micro level															
1	Informal Monthly Regional Coordination meeting with all project	Region												RFP	RM/PM/PC	
2	Regional Coordination meeting with all project	Region												RFP	CP	
3	Orientation on MCHN with field level staff	Area												AC/AM	RM/PM/PC	
4	Court yard session on homestead development	200 village												US/FF/FM	AC/AM	
5	Awareness session of MCHN with community at Village level	300 village												US/FF/FM	AC/AM	
6	Conduct Growth monitoring & promotion	103 village												FF	AC/AM	

7	Counseling and Brest feeding infant ANC &PNC	1500 HH.											US/FF/FM	AC/AM
8	In corporate MCHN issues of Quarterly learning sharing workshop with GOB & NGOs department at 25 Uz level	Upazila											PM/PC/AC/AM	Project head
9	Awareness session on MCHN in adolescent(school & community) 150 session	village											AC/AM/TO	RM/PM/PC
10	Awareness build-up with 112 community (WSP) & NBDs department as a water supply plan	Pouro shava											AC/AM/TO	RM/PM/PC
11	Interactive session with various institutions with service provider at 25 Upz and 63 Union level.	Union											AC/AM/TO	RM/PM/PC

12	Mobilize community with domestic violence legislation including elite person 103 village yearly.	village										US/FF/FM	AC/AM/TO
13	Orientation session for health service provider infant and young child 02 Union yearly.	Union										AC/AM/TO	RM/PM/PC
14	Orientation on malnutrition in savings group mother & mothers support through Saving group 300 group at village level	village										US/FF/FM	AC/AM/TO
15	To observe national and international day observation in health related such as hand washing day, world population day, Brest feeding weak, safe	District/Upazila/Union										PM/PC/AC/AM/TO	Project head

	maternity day, Women day at district, Upazila and Village level.												
16	Join planning workshop with health, education department , LGIs & related stakeholders at 02 Upazila level.	Upazila									/AC/AM/TO	RM/PM/PC	
17	Meeting with School based teen age group on reproductive health.	School level									TO/US/FF/FM	/AC/AM	
18	Ensure use of hygienic latrine 200 village.	village									TO/US/FF/FM	/AC/AM	
19	Awareness Program on Open deification (ODF) at 200 communities.	village									TO/US/FF/FM	/AC/AM	

	Macro Level														
	Advocacy	District/Upazila/Union												PC/PM/RM	DPD/PD
Monitoring & follow up plan:															
31	Monitoring	Area level												MO	PC/PM/RM
32	Reporting	Program office/RO												MO	PC/PM/RM
33	Supervision	Area level												AM/AC	PC/PM/RM