



Sujit Mahto lives in Tulsiyahi, a rural village in Dhanusha district, Nepal. He shares a small hut with his three siblings and parents, Ashok and Fulbati. Sujit's parents are poor and illiterate; his father works as a farmer and mother is a part time labourer.

Two weeks after he was born, Sujit developed pneumonia – a major cause of death for newborn babies in Nepal. He developed high fever, rapid breathing, chest retraction and grunting. With no access to a health facility, Sujit's father sought assistance from a local female community health volunteer (FCHV). FCHVs have been providers of essential community-based healthcare in Nepal since the 1980s. They assist in childhood immunization, family planning and maternal and child health services.

After reassuring his father, the FCHV visited Sujit's house, took a medical history and examined the baby, including measuring respiration rate and temperature. Following a diagnosis of pneumonia, the FCHV provided a course of an oral antibiotic (Amoxicillin), and referred Sujit to a health post to receive parenteral gentamicin. These early actions by Sujit's family to seek care, and prompt action by the FCHV to diagnose and treat pneumonia meant that within a week, Sujit had fully recovered from this potentially life threatening condition.



The FCHV that treated Sujit is just one of 207 volunteers who have been trained by Mother and Infant Research Activities (MIRA), an NGO involved in improving the health of the mothers and newborns in Nepal and developing countries through research, training and advocacy. MIRA has been working in close collaboration with Centre for International Health and Development (CIHD) of the Institute of Child

Health, London for over 17 years. This is a large community based trial to evaluate the impact of FCHVs in diagnosing and managing neonatal sepsis at home and the community and is funded by the UBS Optimus Foundation and supported by the DFID funded Towards 4+5 Research Programme Consortium.

The trial has enrolled 7,000 births in the intervention areas and about 10,000 births in control areas. The trial is powered to detect a reduction of 25% in the neonatal mortality rate. If successful this will have major implications for national and international policy relating to the potential role of community volunteers to provide oral antibiotics, especially in rural areas where access to health facilities is limited. In Nepal, the existing network of 50,000 FCHV means that scaling-up such an intervention is potentially feasible within a short time frame.



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For more information about Towards 4+5 please go to www.towards4and5.org.uk

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