# Improving maternal and newborn health in rural areas of Jharkhand and Orissa through the empowerment of tribal communities

Submission date	Recruitment status  No longer recruiting	<ul><li>Prospectively registered</li></ul>		
19/11/2007		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
05/12/2007	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
10/10/2014	Pregnancy and Childbirth			

# Plain English summary of protocol

Not provided at time of registration

### Contact information

#### Type(s)

Scientific

#### Contact name

Dr Sarah Barnett

#### Contact details

30 Guilford Street London United Kingdom WC1N 1EH

# Additional identifiers

**EudraCT/CTIS** number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers 03PC03

# Study information

#### Scientific Title

#### **Study objectives**

Will a community mobilisation intervention improve maternal and neonatal home care, service uptake, morbidity and mortality and maternal depression in tribal communities in Jharkhand and Orissa, India?

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Ethics approval received from an Independent Ethics Committee (chaired by Dr A.K. Debdas), 14 /06/2005.

#### Study design

Cluster randomised controlled trial

#### Primary study design

Interventional

#### Secondary study design

Randomised controlled trial

#### Study setting(s)

Other

#### Study type(s)

Quality of life

#### Participant information sheet

#### Health condition(s) or problem(s) studied

Maternal and child health

#### Interventions

In each intervention cluster a facilitator will convene community groups to explore maternal and neonatal health issues. Groups will meet once or twice monthly and move through action research cycles. The programme inputs can be itemised as:

- 1. Recruitment, training, supervisions and remuneration of facilitators. The role of the facilitator is to activate and strengthen groups, support them in identifying problems, help to plan possible solutions and support the implementation and monitoring of solution strategies in the community. Although she requires a grasp of health issues and some knowledge of potential interventions, she needs to be a facilitator rather than a teacher. As such, she may act as a broker of information and communication but her prime importance is as a catalyst for community mobilisation
- 2. Development of tools for conducting group meetings, process evaluation and documentation
- 3. Recruitment, training, supervision and remuneration of a supervisory cadre to support the community-based facilitators

There is no follow-up period after the intervention ends. The intervention is a community mobilisation intervention, which only occurs in the intervention clusters. All clusters, control and intervention, receive health system strengthening activities.

#### Intervention Type

Other

#### Phase

Not Applicable

#### Primary outcome measure

Neonatal and maternal mortality rates, measured prospectively from 01/08/2005 until the end of the trial (likely to be February 2008).

#### Secondary outcome measures

- 1. Maternal and neonatal home care practices
- 2. Utilisation of antenatal, delivery and postnatal services
- 3. Maternal depression

All outcomes measured prospectively from 1st August 2005 until the end of the trial (likely to be February 2008).

#### Overall study start date

01/08/2005

#### Completion date

01/02/2008

# **Eligibility**

#### Key inclusion criteria

Women (no defined age range) who reside in 36 predominantly tribal communities during the study period

#### Participant type(s)

**Patient** 

#### Age group

Adult

#### Sex

Female

#### Target number of participants

9000

#### Key exclusion criteria

Women who decline to be interviewed or reside outside the study area

# Date of first enrolment

01/08/2005

#### Date of final enrolment

01/02/2008

## Locations

#### Countries of recruitment

England

India

**United Kingdom** 

# Study participating centre 30 Guilford Street

London United Kingdom WC1N 1EH

# Sponsor information

#### Organisation

The Institute of Child Health (UK)

#### Sponsor details

University College London (UCL) 30 Guilford Street London United Kingdom WC1N 1EH

#### Sponsor type

Research organisation

#### Website

http://www.ich.ucl.ac.uk

#### **ROR**

https://ror.org/02jx3x895

# Funder(s)

#### Funder type

Charity

#### **Funder Name**

The Health Foundation (UK) (ref: 1748/3001)

#### **Funder Name**

The Department For International Development (DFID) (UK) (ref: HPD KP 14)

# **Results and Publications**

#### Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

#### IPD sharing plan summary

Not provided at time of registration

#### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	03/04/2010		Yes	No