# Evaluation of the Rapid Results Approach to improve childhood nutrition in Nepal

Submission date	Recruitment status  No longer recruiting	<ul><li>Prospectively registered</li></ul>		
26/08/2013		☐ Protocol		
Registration date 10/09/2013	Overall study status Completed	Statistical analysis plan		
		[X] Results		
<b>Last Edited</b> 19/06/2023	Condition category Nutritional, Metabolic, Endocrine	[] Individual participant data		

#### Plain English summary of protocol

Background and study aims

This study will assess the impact of Sunaula Hazar Din (SHD), a program implemented by the Government of Nepal. SHD uses the Rapid Results Approach (RRA) to improve nutritional indicators of pregnant women and children 0 to 24 months old, as well as family planning of women aged 15-25 years old. The evaluation will measure its effect on nutritional attitudes and outcomes. RRA is a results-focused learning process aimed at jump-starting major change efforts and enhancing implementation capacity. The approach creates motivation and confidence by defining goals and monitoring results in short periods (usually 100 days) and mobilizing communities to act and coordinate.

#### Who can participate?

Children 0-24 months and their mothers, pregnant women, and women aged 15-25 years old who live in selected Village Development Committees across 15 districts of Nepal.

#### What does the study involve?

Over a period of 18 months, SHD will be implemented in randomly selected Village Development Committees. Community members can voluntarily participate in the activities organized by SHD in their Village Development Committee. Interviews and anthropometric measurements (such as height and weight) of children will be carried out at the start of the study and 24 months later to find out the impact of SHD on family planning and nutritional indicators.

What are the possible benefits and risks of participating?

Participants who live in a Village Development Committee which has been randomly chosen to receive the programme will benefit from the activities of SHD in their community. We do not anticipate risks related to participation in the study.

#### Where is the study run from?

The study is run from Village Development Committees across 15 districts of Nepal.

When is the study starting and how long is it expected to run for? Initial information will be collected in August 2013 and program implementation is expected to start in December 2013. Final data collection is expected to start in August 2015.

Who is funding the study? The World Bank, USA.

Who is the main contact?

- 1. Dr Emla Fitzsimons (emla\_f@ifs.org.uk)
- 2. Dr Marcos Vera-Hernandez (m.vera@ucl.ac.uk)

#### Contact information

#### Type(s)

Scientific

#### Contact name

Dr Marcos Vera-Hernandez

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## Additional identifiers

#### Protocol serial number

Nepal01

## Study information

#### Scientific Title

Evaluation of the Rapid Results Approach to improve childhood nutrition in Nepal: a cluster randomized trial

#### Acronym

**RRAN** 

#### **Study objectives**

It is hypothesized that the Rapid Results Approach will improve family planning and nutritional indicators of children and pregnant women in selected districts of Nepal. The null hypothesis is that there will be no difference in donations between treatment groups;

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

- 1. Nepal Health Research Council, reg. 79/2013
- 2. UCL Research Ethics Committee, protocol ID 1827/005

#### Study design

Cluster randomized trial

#### Primary study design

Interventional

#### Study type(s)

Quality of life

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

Community interventions to improve nutritional and family planning outcomes

#### **Interventions**

The Rapid Results Approach (RRA) will be implemented in randomly selected Village Development Committees. The RRA is a results-focused learning process aimed at jump-starting major change efforts and enhancing implementation capacity. It tackles large-scale medium and long term change efforts through a series of small-scale, results-producing and momentum-building initiatives. The approach creates motivation and confidence by defining goals and monitoring results in short periods (usually 100 days) and mobilizing communities to act and coordinate.

The control group are individuals living in randomly selected Village Development Committees which will not benefit from SHD for a two year period

#### Intervention Type

Other

#### Phase

Not Applicable

#### Primary outcome(s)

Current primary outcome measures as of 15/12/2015:

- 1.Height for age z-score for children 0-24 months
- 2. Percentage of children between 0-24 months that suffered from diarrhoea in the 15 days prior to the interview.

Previous primary outcome measures:

- 1. Percentage of unmet family planning needs among women 15-25 years of age
- 2. Percentage of pregnant women taking iron and folic acid supplements for 180 days
- 3. Percentage of children 0-6 months age who are exclusively breastfed
- 4. Percentage of children 6-24 months age who consume a minimum acceptable diet The primary outcomes will be measured using structured questionnaires. They will be measured at baseline to assess the comparability of treatment and control Village Development Committees. They will also be measured 24 months after baseline to assess the impact of the intervention.

#### Key secondary outcome(s))

Current secondary outcome measures as of 15/12/2015:

- 1. Number of instances in which a mother (of children 0-24 months) reports to clean her hands with soap at critical times
- 2. Percentage of households that report to have human feces in the house, compound, or right outside the compound
- 3. Percentage of households that report to have animal feces in the house, compound, or right outside the compound
- 4. Percentage of households using safe sources of water
- 5. Percentage of children 6-24 months whose mother reported to consume a minimum acceptable diet on the day prior to the interview
- 6. Percentage of children 6-24 months whose mother reported to consume an animal sourced protein on the day prior to the interview
- 7. Percentage of pregnant women who report consuming an animal sourced protein on the day prior to the interview
- 8. Social capital
- 9. A composite index comprising outcomes related to the goals of SHD

Previous secondary outcome measures:

- 1. Percentage of children 0-24 months who are stunted (height for age z-score less than -2)
- 2. Percentage of children 0-24 months who suffer from underweight (weight for age z-score less than -2)
- 3. Social capital
- 4. A composite index comprising outcomes related to the 30 goals of SHD

#### Completion date

31/12/2015

## Eligibility

#### Key inclusion criteria

- 1. Children aged 0-24 months
- 2. Pregnant women
- 3. Women aged between 15 years and 25 years old

#### Participant type(s)

Other

#### Healthy volunteers allowed

No

#### Age group

Mixed

#### Sex

Αll

#### Key exclusion criteria

Children who are unable to be measured

#### Date of first enrolment

## Date of final enrolment 31/12/2015

### Locations

#### Countries of recruitment

United Kingdom

England

Nepal

Study participating centre University College London London United Kingdom WC1E 6BT

## Sponsor information

### Organisation

The World Bank (USA)

#### **ROR**

https://ror.org/00ae7jd04

## Funder(s)

### Funder type

Other

#### **Funder Name**

The World Bank (USA)

## **Results and Publications**

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?
Basic results			19/06/2023	No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes