

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

Submission date
19/11/2007

Recruitment status
No longer recruiting

☐ Prospectively registered

☐ Protocol

Registration date
05/12/2007

Overall study status
Completed

☐ Statistical analysis plan

☒ Results

Last Edited
10/10/2014

Condition category
Pregnancy and Childbirth

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

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.

Primary study design

Interventional

Study design

Cluster randomised controlled trial

Study type(s)

Quality of life

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(s)

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

Key secondary outcome(s)

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).

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

Healthy volunteers allowed

No

Age group

Adult

Sex

Female

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

United Kingdom

England

India

Study participating centre
30 Guilford Street
London
United Kingdom
WC1N 1EH

Sponsor information

Organisation
The Institute of Child Health (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

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