Reviewer's report

Title: Explaining the impact of a women's group led community mobilisation intervention on maternal and newborn health outcomes: the Ekjut trial process evaluation

Version: 3 Date: 21 June 2010

Reviewer: Tanya Doherty

Reviewer's report:

Thank you for the opportunity to review this manuscript which reports on a process evaluation of a community mobilization intervention in India. This is an important paper because process evaluations of complex public health interventions are seldom reported on. The authors collected data through various means including intervention documents, qualitative and quantitative interviews and observations.

• Major Compulsory Revisions

The process evaluation objectives, research questions, data collection tools and methods are well laid out in Table 1. It would be useful to have more information on the number of participants in the focus groups and the spread across clusters i.e. were the focus groups held per cluster or did they include participants from across clusters? The purposive sampling of respondents should be expanded on.

It is stated that the NRHM was rolled out during the study period. What impact could this have had on the study outcomes especially neonatal mortality due to the creation of the community based volunteer cadre?

It would be good to have more information on the training of the local facilitators; what training materials were used in the seven day residential training? What adaptations if any were made based on lessons learnt from the previous studies in Nepal and Malawi?

Were the facilitators paid a salary or stipend and how does this compare to salaries of community based health workers in India?

The groups were meant to meet monthly but it is stated that this did not always happen. What proportion of groups met monthly for the entire intervention cycle?

Whilst the intervention succeeded in achieving wide participation in the groups including from men and government staff, participation of the main target group, pregnant women, reached only 55% by the third year despite the high population coverage of the groups. It would be helpful to have some insights into this for future scale up of women’s group interventions.

Whilst the trial reported no difference in access to health services between intervention and control areas, it is clear from the main trial paper (Tripathy et al)
that access improved within both intervention and control areas from baseline to intervention completion. At baseline any antenatal care in the intervention areas was 59% and 69% in control areas and this increased to 74% in intervention areas and 75% in control areas. Similarly the proportion of institutional deliveries was 11% and 15% in intervention and control areas respectively at baseline and increased to 14% and 20% respectively. Therefore it appears that changes other than the intervention were impacting on access to health services across study arms possibly the NRHM programme? Some discussion on this would be useful.

• Minor Essential Revisions

On page 14, last line, the box number should be 5 and not 4.
On page 15, last line, the box number should be 6 and not 5.
In table 2 it would be good to include the numbers of ASHAs in the intervention and control areas.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'