Author's response to reviews

Title: Community mobilisation with women's groups facilitated by Accredited Social Health Activists (ASHAs) to improve maternal and newborn health in underserved areas of Jharkhand and Orissa: study protocol for a cluster-randomised controlled trial

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Author's response to reviews: see over
Dear Editor,

Thank you for agreeing to publish our study protocol, entitled: “Community mobilisation with women’s groups facilitated by Accredited Social Health Activists (ASHAs) to improve maternal and newborn health in underserved areas of Jharkhand and Orissa: study protocol for a cluster-randomised controlled trial”. We have reviewed the manuscript and made the following changes in the attached file (note that these are not marked as track changes).

Kind regards
Dr Audrey Prost

<table>
<thead>
<tr>
<th>Section</th>
<th>Changes made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract Design section</td>
<td>The cycle is designed to fit with the ASHAs’ mandate to mobilise communities for health and to complement their other tasks, including increasing institutional delivery rates and providing home visits to mothers and newborns.</td>
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<tr>
<td>Community based interventions to improve neonatal survival as women’s group facilitators.</td>
<td>The Makwanpur and Ekjut trials showed reductions of 30% (OR: 0.70, 95% CI 0.53–0.94) and 45% (OR: 0.55, 95% CI: 0.46-0.66) in neonatal mortality through community mobilisation with women’s groups [22-3], but it remains unclear whether this impact could be maintained if implemented at scale using existing community health workers or volunteers as women’s group facilitators. [Added ‘using existing community health workers or volunteers as women’s group facilitators.’]</td>
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<td>Justification for this study</td>
<td>Although the women’s group intervention has already been tested in three trials, we decided to adopt a cluster-randomised controlled design to evaluate its impact with ASHAs for two reasons. First, the community mobilisation intervention has not been tested when delivered by community health workers (CHWs); other programmes combining community mobilisation with essential newborn care and delivered by CHWs were not evaluated with baseline data or a control group. [25] [Deleted main and comma after CHWs] In addition, the study is needed to address key implementation research questions and identify strategies for scaling up. Taking community health worker programmes to scale raises questions about adequate levels of remuneration, training, supervision and motivation. [Added about adequate levels of]</td>
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<td>Randomisation</td>
<td>The corresponding sequence was then used to publicly allocate each cluster to one of two groups to ensure transparency among the stakeholders and also to avoid conflict as only intervention area ASHAs would be entitled to incentives. [Deleted ‘within the trial’]</td>
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<td>Sub-analyses</td>
<td>We will compare the proportion of women who received postnatal home visits by an ASHA and the proportion of women who delivered in institutions among areas with and without ASHA-led mobilization. [Rewrote the sentence for clarity]</td>
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