Ekjut — The Women's Group That Brought Babies Home Alive

In 2005, neonatal mortality in the tribal districts of Jharkhand and Odisha ran higher than 60 deaths per 1,000 live births among Scheduled Tribe communities. The national average was already catastrophic. Among tribal communities in these states, it was worse. And the reasons we...

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What was not well understood was how to change these outcomes without the one thing that was unavailable: a trained healthcare worker in every village for every birth.

Ekjut's answer emerged from a specific observation: women's groups that meet regularly to discuss community problems and devise solutions can produce behaviour changes in maternal and neonatal health that individual home visits cannot. Not because women's groups know more medicine. Because they create the collective accountability and peer knowledge transfer that individual contact cannot.

This observation was turned into a randomised controlled trial. The RCT was published in The Lancet. The results changed how India thinks about community-based maternal and neonatal health.

Who They Are

Ekjut is a charitable organisation registered under the Societies Registration Act 1860, working on maternal, newborn, child health and nutrition (MNCHN) in eastern India. Their headquarters are in Chakradharpur, West Singhbhum, Jharkhand. They have operated in tribal districts of Jharkhand and Odisha since 2005, working primarily with the government-mandated ASHA (Accredited Social Health Activist) cadre.

Their method is specific: participatory learning and action (PLA) with women's groups, facilitated by ASHAs, through a cycle of 20 monthly meetings in which women identify and prioritise maternal and newborn health problems, collectively select strategies to address them, implement those strategies, and assess the results.

The 45 Percent Reduction

The original Ekjut cluster-randomised controlled trial, conducted from 2005 to 2008 in 36 tribal

clusters across three contiguous districts of Jharkhand and Odisha, produced a result that surprised the global health community: a 45 percent reduction in neonatal mortality in the last two years of the intervention. The process evaluation found this was driven primarily by improvements in safe practices for home deliveries — thermal care (delayed bathing, early wrapping), hygienic cord care, and early and exclusive breastfeeding.

A women's group, meeting monthly for twenty months, discussing the specific circumstances under which babies were dying in their community, devising and implementing practical strategies — reduced neonatal mortality by nearly half. Without a doctor in the village. Without a hospital in reach. With women whose primary credential was that they were members of the same community as the mothers.

The three-year trial results showed a 32 percent reduction in neonatal mortality compared to communities without women's groups. The maternal mortality ratio at baseline was 510 per 100,000 live births — among the highest in India. The trial was not statistically powered to detect a maternal mortality reduction, but the neonatal findings alone established Ekjut's model as one of the most evidence-supported community health interventions available.

The ASHA Scale-Up

The original Ekjut trial used trained local women as facilitators. The question that followed: could ASHAs — India's 1 million-plus community health workers, already embedded in rural communities — deliver the same intervention at national scale?

A subsequent cluster-randomised controlled trial, published in Lancet Global Health, tested exactly this. Conducted from September 2010 to December 2012 across five districts of Jharkhand and Odisha, with ASHAs facilitating the women's groups, the study confirmed that the ASHA-facilitated PLA model produced comparable results to the trained facilitator model. This was the finding that made the intervention policy-relevant at the national level: the delivery mechanism already existed in the government system. It needed training and support, not construction from scratch.

A pragmatic non-randomised trial conducted subsequently with the Jharkhand state government and UCL confirmed effectiveness at scale — ASHAs supporting women's groups in six districts, with 57 district-based PLA coordinators providing ongoing support. The model was government-owned, not NGO-owned.

The Economic Case

An economic evaluation of the ASHA-facilitated PLA model calculated the cost per neonatal death averted. The cost-effectiveness calculation placed the intervention among the most efficient available in global health for this outcome. The combination of marginal additional cost (ASHAs are already paid by the government; the PLA cycle requires facilitation support, not a

new cadre) and documented mortality reduction produces a health economics argument for scale that policy makers can act on.

The Lancet Accumulation

Ekjut's work has been published across multiple Lancet family papers — an unusual accumulation for a single civil society organisation. The Lancet, Lancet Global Health, and BMC's global health journals have all published Ekjut trials or evaluations. The peer-reviewed publication record is both evidence of methodological rigour and a policy translation mechanism: it puts the findings in the journals that global health policy makers read.

Why This Matters for Odisha

Odisha's tribal maternal and neonatal health outcomes remain significantly worse than state and national averages. The ASHA system is the most viable delivery mechanism for community-level health interventions across Odisha's 30 districts. Ekjut's model — PLA women's groups facilitated by ASHAs — has been validated in adjacent Jharkhand tribal districts under conditions directly comparable to Odisha's.

The JaBaSu ASHA-NGO Support Practice Note and the Mental Health Task Sharing Practice Note both draw on the women's group PLA model that Ekjut pioneered. For Odisha's health NGOs working alongside the ASHA system, Ekjut's methodology — and their willingness to share it through documented protocols and publications — is a directly usable resource.

Contact and Further Reading

Website: Not independently maintained — contact via publications and collaborating institutions | **Headquarters:** Ward Number 17, Plot 556B, Potka, Po-Chakradharpur, District West Singhbhum, Jharkhand 833102

Key evidence:

- The Lancet: Ekjut RCT 2005-2008 — 45% neonatal mortality reduction, process evaluation
- Lancet Global Health: ASHA-facilitated PLA RCT 2010-2012 — scale-up evidence
- Harvard Gender Action Portal: Effect of a Participatory Intervention with Women's Groups on Birth Outcomes and Maternal Depression in Jharkhand and Orissa — accessible summary
- PMC: Improved Neonatal Survival After Participatory Learning and Action with Women's Groups — prospective study

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