Reviewer’s report

Title: Building capacity for evidence generation, synthesis and implementation to improve the care of mothers and babies in South East Asia: methods and design of the SEA-ORCHID Project using a logical framework approach

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Reviewer: Luis Gabriel Cuervo

Reviewer’s report:

I have read this manuscript with great interest and I believe it needs a major compulsory revision.

The authors rightly point out the need to document and assess knowledge translation efforts and provide evidence of the effects of capacity building activities.

In this particular case the effort focuses on improving good clinical practice by means of “pushing” evidence into reproductive health practice to address unjustified variations in practice. This becomes evident when the text is analyzed against Figure 4. However, the paper needs to better describe the details of the multiple activities and strategies used to address the limitations they listed, and document this limitations. A particular challenge in reading the paper is the intention of addressing many different aspects (a very wide breath but thin on detail for the aspects that it did cover well) without providing a clear description of how each component was documented, how the outcomes for each were established and the evaluation done to ensure that meaningful change was achieved. The methods should describe how each stream (i.e. listed in Figure 5) was assessed before the intervention, the outcomes for each one determined, what interventions were applied (and how) and how impact was assessed. Each section should keep the focus and lead to the next one (currently the team and resources are presented before describing what is that is needed to be done)

The study design and methods lack sufficient details to allow replication of the work or comparison with related analyses and the available information does not allow determining if the intervention results in improved health or good clinical practices.

The structure of the manuscript would benefit of a review to ensure it follows a logical structure and of following principles such as those proposed by the Equator Network for the reporting of observational studies (STROBE), even if the study fails to fall exactly under such categories.

For example, the objectives should precede the description of partners and keep its focus throughout the paper on its objectives (i.e. if the emphasis was clinical practice, than references to policy changes and training of policy makers turn into a distraction).
The background opens the scenario of a very broad approach on knowledge translation (addressing structural issues, policies, practices, interactions within the health services, administrative processes, the participation of multiple stakeholders). But the paper focuses on improving good clinical practices mostly by engaging clinicians working on reproductive health. Even if narrower, this is a commendable effort. I recommend staying focus on what was the focus of SEA-ORCHID. Under “rationale for the project”, for example, the authors approach various structural determinants for policy issues. But factors influencing clinical practice and prescription beyond access to information are not listed or discussed in detail—despite this becoming later the main drive of the project.

Detailed descriptions an operational definitions are needed to clarify numerous concepts that appear vaguely described and read as jargon. For example, on the second paragraph of the “Rationale”, “access” is mentioned. The authors need to be specific on what is that they mean by access (e.g. having sufficient scientific literacy, availability, adequate format for the audience, ability to interpret and analyze scientific papers, connectivity, etc.) and what are the specific access limitations for the participating constituencies. Later in the paper the authors mention “users of evidence” but they are unclear as to whether they refer to practitioners, policy makers patient advocates, consumers, etc. The focus of the papers suggests their focus was clinical health care providers—but this needs to be clearly mentioned. The workshops organized for policy makers need to be described in sufficient details as to understand what they comprised and the methods and evaluations carried out to assess their impact. It is unclear if the contents of the workshops were those determined by “experts” or what needs assessments were carried out and how they documented if these needs were addressed. A statement is made under the Results that there was a purpose to assess this, but is unclear for which stakeholders and how it was made.

By focusing on good clinical practice they could be more specific about the barriers that they are interested in addressing and the rationale behind the methods. Operational definitions need to be added to the issues that were assessed (i.e. evidence-based activity, acceptance of project hospital, awareness, priority activities). The descriptions of priorities (e.g. under development of logical framework) should be specific on what stakeholders defined those priorities, the prioritization strategy and criteria, and the purpose of these priorities (i.e. improve knowledge translation, reduce mortality, reduce costs or hospital stay, etc; researchers, health care providers, payers, priorities to improve knowledge translation).

The elements comprising the Logical Framework Approach need to be listed following the order and nomenclature used in describing the approach (core goals, broad objectives, activities and specific outcomes).

The objectives of the project should precede the methods, project structure and personnel. The specific objectives should follow the overall objectives, and they should be listed.
The paper should describe the development and design of the SEA-ORCHID interventions in detail enough to allow replication (consider using electronic publication annexes if necessary).

Please explain the rationale for excluding from the framework the implementation or enhancement of administrative and regulatory processes (e.g. auditing, procurement processes, use of formularies, rules and standards enforcement).

Interventions such as “educational tours“ training on evidence based-practice, behaviour change, etc. need to be better described including the components of these activities, the intensity, the pedagogic approaches used (how, who and what was delivered in the interventions, what materials were used to support it, how was it related to people’s work, etc.)

The first paragraph of the Methods/Design section should be specific about the indicators used to assess to determine the use of evidence-based practices and provide where possible references about their validity; sufficient details should be provided to understand the methods and make this a stand alone report. A rationale should be provided to not include (at least is not presented as a strong component) activities leading towards identifying the perceived needs of users of research evidence, the evidence behind the selected interventions and any efforts to seek the buy-in and demand (pull) by users of research evidence.

Found no mention of ethical review and how unexpected effects would be identified and addressed. Economic considerations and resources needed to implement the intervention are not addressed.

Project objective: avoid unspecific descriptions and jargon such as “multifaceted educational intervention”. If such terms need to be included, than sufficient detail to understand their components and the characteristics needed to implement such activities should be provided.

A statement is made that the focus is to strengthen the capacity to produce and summarize research. However, the manuscripts focus is the implementation (use) of existing research. This is also reflected in the principles presented under “development of the logical framework”. Again, the objectives seem to be pointing in different directions.

The details about the project partners perhaps could be moved to the acknowledgements section.

Table 1 would benefit of including an extra column to list the number of deliveries per year of each hospital.

Figure 3: the colour coding used for the graph is difficult to interpret in black & white printing. Suggest using distinctive shades and patterns.

The manuscript is still in a draft form but the complex work undertaken seems worthy of being reported. By providing adequate detail and structure people in other regions will learn from this experience and be better placed to learn lessons
and adapt interventions that have demonstrated a potential for improving people’s health through a systematic approach to inform health care practices with research results. I would like to encourage the authors to undertake a detailed revision of the structure and content of the manuscript providing clear guidance on its methods and design. Such evidence is greatly needed to implement adequate capacity building activities.

**Level of interest:** An article of outstanding merit and interest 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 have no competing interests.