Reviewer's report

Title: Effectiveness of community based safe motherhood promoters in promoting access to obstetric care. The case of Mtwara Rural District in Tanzania

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Reviewer: Nikiema Béatrice

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The authors of the manuscript tested whether involving community-based promoters in safe-motherhood promotion activities can effectively increase the utilization of institutional delivery and skilled delivery attendance. They undertook a pre-post intervention study and found an increase in institutional delivery which they attributed to the intervention.

1- Strengths

The study deals with the underutilization of obstetric care which is a common problem across Sub-Saharan Africa. Targeting community-based promoters is relevant for addressing socio-cultural barriers to obstetric care utilization. Taking gender dimension into account is an essential corollary. The authors show expertise in mobilizing various community-level stakeholders. The pre-post design is suitable for effectiveness analysis.

2- Major revisions

Despite the great potential of the paper, some major revisions are needed.

• The focus of the paper is not clear enough. It is unclear whether the process analysis of the intervention was a distinct objective in addition to the effectiveness assessment or whether the authors just intended to explain the process as planned (which is part of the necessary description of the intervention). My understanding is that the evaluation of the intervention effectiveness including its contributing factors was the main focus of the article. If this is right and a process analysis has been carried out, then, the process analysis could be presented as part of the effectiveness assessment. It would also be pertinent to specify the expected results that the intervention should have reached if effective (See discussion). It is also unclear whether the key message targets the value of involving community-based SMPs (see conclusion) or the community-based intervention per se.

• The method section in its current form is difficult to follow and ambiguous. The section may be reorganized to give a central place to the method used for the evaluation of the intervention effectiveness. I suggest dedicating a specific section to the description of the intervention, following the introduction. The aim of this section would be to introduce the reader to what is being evaluated. It
should include the description of the study setting and population, as well as the current sub-sections entitled “the community entry”, the “intervention components”, the “post-training activities”, “organizational and implementation structure”, and “follow-up and monitoring activities” The documents of the latter ones could allow process evaluation.

It may be useful to clearly cite the intervention objectives and strategies that were used to meet them.

When describing the intervention, please help those who are not familiar with the Tanzanian health services organization by indicating whether the SMPs were existing promoters which were already involved in national health promotion activities or whether they were selected and trained specifically for this intervention study.

Also specify how the SMPs, the local coordinators, the village health committees, and the MCH team were collaborating within the intervention.

Please explain how gender aspects were taken into account by/during the intervention. The discussion mentions them but they are not mentioned before.

How are to-be-visited households selected and how are the pregnant women identified?

• The design/method of the evaluation of effectiveness (using pre-post comparison and perhaps process analysis) should logically follow the intervention description. Please revise the description of the effectiveness analysis to distinguish between the techniques used to assess the effectiveness per se and those used to assess the contributing factors. In particular:
  a. Separately describe how the pre-post comparison and process analysis were done
  b. It seems that the authors used both quantitative and qualitative approaches. This needs to be clarified
  c. For both quantitative and qualitative approaches, describe the samples, inclusion and exclusion criteria, data collection techniques, instruments, variables (dependant and independent), interviewers, etc. The current version of the paper gives some results without clearly explaining how they were obtained. For instance, it is unclear how health providers’ attitudes towards SMPs are measured. How the authors evaluated the improvement in the community—leaders’ involvement. One might also want to know how the 38 interviewed SMPs were selected, etc.
  d. As for the analysis, the following questions need to be addressed. Some of them could compromise the validity of the results.
    i. Comparing mean utilization rates before and over the 2-years of the intervention may end-up with biased results. The baseline measures seem to cover service utilization rates from July 2003 to June 2004. To account for seasonal effects on health services utilization, I suggest comparing corresponding quarters/months/seasons over consecutive years. This means, for
instance, comparing baseline utilization rate to utilization rate between July 2004 and June 2005, and between July 2005 and June 2006. One may expect increasing rates from 2004 to 2005 to 2006. Such a result would strengthen the authors’ conclusion on effectiveness.

ii. Please indicate whether the analyses controlled for some independent variables at both pre and post intervention assessment. If not, please justify or consider performing additional analyses with relevant independent variables. This may include age, education, parity, wealth, gender, number of SMPs visits etc.

iii. Justify why timing of ANC was assessed among primi-gravida only. Why not among all women?

• The abstract, the results and discussion sections might then need to be revised according to the new analyses. The discussion section should further elaborate on the validity of the evaluation and consider alternative explanations for the increase in utilization outcomes reported numbers. This may be discussed in the sub-section entitled Community-based interventions are feasible and effective. Some elements discussed in this sub-section may be moved to the following sub-section on contributing factors.

The sub-section on the potential role of ANC is weak. The authors may opt to drop this outcome or strengthen its analysis and role in the evaluation.

3- Minor essential revisions
• Title: As stated in the abstract, the article is dealing with utilization rather than access. I would suggest replacing “promoting access to obstetric care” in the title by “promoting utilization of obstetric care”
• The arguments presented in the introduction do not go beyond the local case of Tanzania. To enhance the pertinence of the paper, the authors may need to include arguments aimed to convince non-Tanzanian readers that the paper is worth reading.
• The title of Table 2 is lacking. This Table will need revision after new analysis. The Table on ANC should be Table 3 rather than Table 2 as currently labeled.
• In the conclusion: Again, to be consistent with the study objectives and content, change “promoting access to obstetric care” to “promoting utilization of obstetric care”. The second conclusion “community level interventions to promote access to obstetric care must be built around functioning healthcare facilities” cannot be drawn from the present analysis as throughout the paper, the authors have not addressed the functioning of healthcare facilities.
• Edition needed for the entire manuscript.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published
**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