Author's response to reviews

Title: Lessons learned from stakeholders in a facilitation intervention targeting neonatal health in Quang Ninh province, Vietnam

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Author's response to reviews: see over
Dear editor of BMC Pregnancy and Childbirth, Ms Janelyn Ann Cruz

We are pleased to have the opportunity to resubmit a revised version of our manuscript. We recognise reviewer Lisa Howard-Grabman to have no further comments or suggestions, while reviewer Cindy Liu have pointed out some areas for further improvement. Please see below for the reviewer’s comments and our responses, in bold text. Again, all authors have reviewed and approved the new version of the manuscript and agree on its resubmission to BMC Pregnancy and Childbirth.

Sincerely
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Comments to remarks from reviewer

Reviewer: Cindy Liu

Again, I wish to applaud the authors for conducting an intervention that may be critical to neonatal health yet immensely difficult to carry out. The authors’ thorough response and revisions are much appreciated and overall has improved the manuscript. Indeed, many of my central questions regarding the evaluative component and the outcomes have been clarified through the response.

Thank you.

As I understand from your response, you are not evaluating the intervention as this has previously been conducted, but that you are reporting on the process. While this is now quite clear in the response letter, this could be better reflected through in the manuscript itself with improvements made to the language and structure.

We have modified the aim in the current paper slightly to underline that it focuses on a process evaluation of the NeoKIP intervention. Process evaluation has also been added to the first sentence of the Discussion section. Besides these changes, we believe it is rather clear what kind of study this is and it is explicit throughout the whole paper.

1) Minor point, I would remove the first sentence of the abstract “(Every year 3.3 million...) as the purpose of the paper focuses on the facilitation. While it is an important point, and is central to goal of the overall intervention, it distracts from the specific purpose of the study, which is to understand the facilitation process.

Agreed. The sentence is deleted as suggested (in Abstract section).

2) The last sentence of the abstract background uses uninformative language “...process evaluation aimed to describe mechanisms of the intervention...” I recommend that this be re-written to identify the major concern to be addressed by the process evaluation rather than the procedure. For instance, “This process evaluation was conducted to identify the strengths and weaknesses regarding facilitation by describing the mechanisms of facilitation.”

Agreed. The aim is rephrased to better match this suggestion (in Abstract section and in the Main text).

3) I recommend that you place the World Health Organizational quote toward the end of the background as a way to emphasize the importance of the methods and its role within knowledge transfer.
Considered. We suggest the first section (including the World Health Organization quote) is more appropriate in the beginning of the Background as it provides the reader with information on the global challenges that knowledge translation can help deal with. We suggest this provides a backdrop, before introducing why this is particularly important with regards to newborn health.

4) A new paragraph could be started at “Facilitation has also been described as a method with great potential.”

Agreed.

5) The background overall is improved with the definition of facilitation. Rather than describing facilitation, I had hoped for more concrete descriptions or examples. For instance, what happens when there is no facilitation? Can you explicitly state the problems that are addressed by facilitation (how did facilitation come about)? Also, why would neonatal mortality rates decrease as a result of these problems addressed by facilitation?

We would like to respond referring to a question stated in the first review round. Then, you asked: “What is facilitation?” As a response we added more information about facilitation as a method to the paper and provided an example from Nepal where facilitation was used as an intervention. The Nepal study was a randomized controlled trial demonstrating a difference between areas receiving facilitation (intervention areas) and areas not receiving facilitation (control areas). The Nepal study and other studies have showed that it is possible to reduce mortality rates by this type of community mobilisation intervention. Thus, in planning the NeoKIP trial it appeared possible to identify and target local problems through collaboration of community members in a group supported by a facilitator. Further, the facilitation intervention in the NeoKIP trial also implied a local ownership; i.e., the MNHG-members were free to focus on relevant problems in their commune and could target these problems in a preferable way (as described in the Background section, page 5). Based on previous studies, as well as the NeoKIP trial, we suggest this aspect of ‘local ownership’ to be an important factor influencing outcomes. In this paper, using a process evaluation approach, we address your last question, i.e. why this type of intervention would be effective.

6) I would move switch the order of these two sentences “This is a technique where one person...” and “Rather than presenting a simple linear concept where knowledge is transferred...”

Considered. While the first sentence explains facilitation to the reader and the second sentence guide the reader in that the mission is not that simple, we would prefer to not switch their order.
7) How much of facilitation is knowledge transfer (what does it look like) and the focus on group dynamics? These seem like very different responsibilities as described.

The type of intervention that we performed implied that in each commune a facilitator was supporting a group of stakeholders involved with newborn health to find and target their local problems. Once the local problems were identified by the MNHGs, it was the responsibility of the group members to take action. Therefore, our intervention very much builds on group dynamics and getting groups members and facilitators to collaborate with each other. By setting up this intervention using a participatory community based approach we assumed that knowledge translation would happen.

Although we trained all facilitators in the same way and all MNHGs had the same constellation, they were all different individuals and the groups worked under different contextual conditions and with different problems, which make this a complex social intervention. In the current (process evaluation) study we aimed to understand what factors were important in the NeoKIP intervention, including the different roles of MNHG members and facilitators and how they interacted and collaborated in the teams.

8) I find that the following sentences to be direct and clear. Using language such as this throughout the paper would be useful “That NeoKIP was a complex social intervention requiring constant interpretation...however, what worked and what did not work...”

Thank you.

9) The quality improvement method described in the Methods section “the facilitators primarily used the quality improvement method ‘Plan-Do-Study-Act’ might be better placed in the introduction which would help to specify the actual responsibilities of the facilitators. What kind of improvement is made with this method?

As suggested, we have moved the paragraph on the Plan-Do-Study-Act improvement cycle to the Background section. Plan-Do-Study-Act is a quality improvement method which does not only apply to health care. Rather, this approach is renowned to influence different kinds of processes and outcomes in various sectors of society. In the NeoKIP intervention, the improvements made were fully depended on the participants of the MNHGs as they decided which problems to focus and which improvements to aim for.

10) The paragraph on mortality in the Methods would be more appropriate in the introduction (“Mortality among children under-five and neonatal mortality in Vietnam.”) I think that including this upfront establishes the finding that the NeoKIP facilitation intervention has already been found to reduce mortality but that the present study is specifically focuses on the process evaluation.
Agreed. We have moved the piece relating to mortality in Vietnam to the Background section (page 5) while kept the piece referring to the situation in the study setting (Quang Ninh) in the Method’s section.

11) The open-ended questions (and common probes) used should be described or even better listed in a Table.

Agreed. We now present the interview guides for the focus group discussions (including questions and probes) as an Additional file.

12) The sentence on page 11 “...while at the same time possessing the courage to confront MNHG members about various matters...” Various matters is vague.

Agreed. We have now clarified this sentence by adding a couple of examples.