Reviewer’s report

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

Version: 2 Date: 24 July 2013

Reviewer: Cindy Liu

Reviewer’s report:

The aim of this study was to describe mechanisms of the intervention based on experiences of facilitators and intervention group members through NeoKIP, a project focusing on facilitation towards translating knowledge on neonatal survival. The efforts of NeoKIP to identify ways to decrease neonatal mortality in Vietnam should be applauded. The strength of the study was the qualitative method, a useful approach in providing detailed descriptions regarding the role of contributors across organizational sites. It is clear that the manuscript has the intention to critically evaluate the mechanisms of the intervention, and to determine the suitability of the NeoKIP model.

Despite these strengths, the manuscript has limitations that dampen enthusiasm for the study. I believe that these limitations can be overcome with major revisions that provide greater description of the NeoKIP model in the introduction and methods and greater rigor in identifying the mechanisms that link the role of the facilitator to decreased neonatal mortality.

MINOR
(1) It appears that the quotation in the background is missing a crucial word/phrase, is the word knowledge not spelled out here? What is the important challenge for public health?

(2) Communes should also be defined. Is this a group of people? A site? (page 4)

(3) Multi-stakeholder could be anyone in the community. Please specify exactly the stakeholders here in this study. (page 4)

(4) What is a population motivator? (page 5)

(5) The first sentence in the design section is a bit run on. (page 6)

(6) I believe the role of the chair was first mentioned in the results section. This should be articulated in the description of the organization.

MAJOR
(7) Greater specificity is required in the background regarding all constructs and terminology. For instance, what is knowledge translation exactly? Who is being targeted in terms of knowledge acquisition? Is it between providers and patients?
Is it with facilitators and providers? I did not quite understand who and what was being translated until later in the manuscript. This needs to be upfront.

(8) What is facilitation? This should be defined and more specific examples (e.g. actual cases/programs where it has been used well) should be provided.

(9) The actual role of the facilitator should also be described clearly in the introduction. At times it sounded like they were a liaison to the community. I did not understand the role of the facilitator until later in the manuscript.

(10) Overall, the background should contain more information about the development of NeoKIP. Is the NeoKIP model focused solely on the role of facilitation or does it contain other features to help with knowledge translation? How did the facilitator role come about in the development of this intervention.

(11) More information on neonatal mortality in Vietnam would be valuable especially since this is the outcome for the evaluation.

(12) I’m curious as to why an emergent design was used? Had there been previous studies conducted that lead you to using an emergent design? (I see that there was an Implementation Science paper from 2011). As well, given the previous qualitative data on NeoKIP and neonatal mortality (Acta Pediatrica, 2012), I wonder why an explanatory design was not used instead to understand how exactly facilitation would decrease neonatal mortality.

(12) I was also confused about the extent to the features of NeoKIP, either the facilitators or the MNHG were hypothesized as mechanisms leading to the translation of knowledge. The paper focuses on the perceptions of facilitators either from themselves or from the MNHG. Yet, the proposed aim was to evaluate their role in decrease mortality. Is facilitation, the coordination of MNHG members, whether fostering better relationships and greater organization, supposed to contribute to this decrease? The rationale for facilitation on infant outcomes then should be prominently described in the introduction.

(13) Related, actual outcomes – rates of neonatal mortality and related measures should be described. How is it that facilitation is linked to these rates?

(14) There was only one quote mentioned (page 14) that focused on outcome: “With the help of the NeoKIP project, I have changed my way of communicating…now, when I communicate I focus on changing them and making them hear me.” This quote was from a MNHG member but they did not attribute this communication skill to facilitation. If so, then this would have been a convincing result that addresses the aim of this study.

Similarly, the summary: “FGD participants had observed a reduction of home deliveries…the MNHG members perceived these changes as signs of an increased awareness of the public.” (page 17). If facilitation had a role in increased awareness, then this too would have addressed the aim of the study.

The results in general seemed to focus on MNHG perceptions of knowledge
transfer but not necessary on the facilitators role in this. As such, the results as written seem to deviate from the aim of the study. This focus seemed to spill into the discussion with new information on the lack of financial support.

(15) I encourage the authors to review the conclusion in light of the above feedback. It seems to me that it is premature to conclude choice of facilitators and reimbursement of MNHG in contributing to the success of NeoKIP model, if the model itself is linked to the improvement of neonatal outcomes.

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**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.