Author's response to reviews

Title: Systems thinking in Practice: The current status of the Six WHO building blocks for Health System Strengthening in three BHOMA intervention districts of Zambia: A BASELINE QUALITATIVE STUDY

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Response to reviewers:

Reviewer 1: Eva Silvestre
Reviewer's report:

• Major Compulsory Revisions

Having said that, I believe some substantial re-working of the methods and results sections are needed plus some clarification of the program in general. I know that there is another manuscript that describes the BHOMA program in progress but it was very difficult to follow what the exact purpose of this baseline assessment was without knowing more upfront. It is also difficult for me to assess the appropriateness of the study participants’ selection (e.g. why the NHC, what is the NHC) without knowing more of the project. My specific comments are below:

1. What are the aims (or research questions) guiding this study? This is not stated in this manuscript which makes it difficult for the reader to understand what will be covered.

Response: We have noted this and have clarified the objective of the study on page 4 paragraph 1 (Last two sentences). In summary, this paper is one of the two baseline papers which reported the baseline status of the health system building blocks prior to the implementation of a health system strengthening project targeting individual building blocks. This particular paper focuses on qualitative description and complements quantitative results reported elsewhere (Mutale et al., 20013).

I think the "Methods" should be re-structured and address the following:
2. For the selection of districts, you selected 3 out of how many districts? There should be some discussion as to how the 3 districts were selected. It sounds like it was purposive, but that should be clearly stated.

Response: The districts were purposely sampled to act as pilot districts for an innovative health system strengthening intervention with the aim of rolling out the intervention to other districts if the intervention became successful. However, the selection criteria was that they should be rural districts and have similar health system changes as other rural districts in Zambia. We have added this on page 4 paragraph 2 (Methodology)

3. For the selection of IDI respondents, it seems like for some of them, they were the only person to interview at the given facility (i.e. in-charge at health facility) but if for any of the other respondents there was one more person that could have been interviewed, then this should be stated.

Response: We had pre-determined the position of the target respondents so that only one person was eligible. In the absence of the targeted respondent, we selected the person acting in their position. Therefore the situation of having two respondents at the same place did not arise.

4. For the selection of health facilities, again, I see that it was decided to include a rural, semi-rural, and urban site, but again, if there were more than one rural site, how was the one included in the site selected?

Response: In places where there were more than one eligible health facility, one was randomly selected among them. (See page 4,last paragraph, last sentence)

5. Were the same data collection instruments used for the FGD and IDI? I doubt it but I don't know. There should be some mention of the guides developed and topics covered.

Response: Different guides were used for key informants and FDGs. The key informant guide was longer and asked more specialised and technical questions. The perspectives were also different.

We have clarified the themes/topics covered on page 5, paragraph 3 (“data collection”)

6. The selection of the FGD participants could pose some problems since the NHC chairperson was involved in the selection of participants, this should be addressed in the ethical considerations

Response: We have clarified this sentence. The NHCs did not select who was to attend the meeting. They were just one of the many local community structures that helped to inform members of the community and organised meeting venues away from the health facilities. This was done in collaboration with the research team.(See page 5,paragraph 2 “Selection of participants”)

7. Who conducted the interviews and moderated the FGDs? What language was used?
Response: Data was collected by the main researcher who is the first author on this paper and was assisted by three research assistants experienced with qualitative methods. (See page 5, paragraph 2 “Data collection”)

8. The data analysis section needs more information. What was the analytical approach used to code the data? It looks like they had pre-set codes to start with that have to do specifically with themes that fall under the six building blocks, but that needs to be clearly stated.

Response: We have clarified the analytical approach. We used pre-determined themes (see page 5, last paragraph)

9. Who coded the data? One person, 2 people?
Response: The main researcher (See page 6, paragraph 1)

10. Results; I can see how all of this information would be useful for the program managers and other stakeholders but I wonder if maybe you should focus on the main results as opposed to presenting everything under every theme. There is certainly an un-balance in the various sections

Response: We acknowledge the suggestion by the reviewer to combine and focus on the main results. However, doing so will change the pre-determined approach to the evaluation of the intervention. We have presented the results in this way to conform to our analytical framework which is guiding the analysis of not only the baseline papers but also the follow up papers. This paper is following similar presentation to the corresponding baseline quantitative paper which is already published. Therefore, changing the order will undermine the assumptions and the analytical plans for the follow up study. For this reason we shall maintain the currently format. In any case, the sections were not meant to be equal.

11. It is not clear from reading the results section if there is any difference in the type of informants and how they felt about some of questions posed. So, for the supply side barriers identified under “barriers to accessing health services), was this from the FGDs or from all respondents.

Response: This is noted. We have since added more details on respondents to reflect who they were and hence clarifying the concerns raised by the review.

12. The quotes need to be incorporated into the text, they should be the evidence to support your findings or argument, right now, they are kind of floating there without proper context and presentation.

Response: This is noted and corrected accordingly

• Minor Essential Revisions

1. Under "Methodology, line 2, you say you are using a systems thinking approach, what exactly do you mean by this?

Response: This is an approach which WHO and other partners are recommending in health systems strengthening. We are using it in our case as a
system wide approach. This means that we are looking at more than one building block at a given time but more than that, the interaction cross the different building blocks.

2. Also have some concerns about how you are attributing quotes. First, it does not seem to be consistent. For example, you cite the quote below "inequalities in access to health services" as 'Male respondent Kafue' how is this different 'Male community member, Luangwa'? Are they both FGD participants?

Response: We have now adopted one consistent approach for quotes

3. You seem to list the site location when you cite the quote. This may be problematic and raises some ethical considerations. You stated that you would protect the confidentiality of the respondents but that would be difficult to do if you cite the quotation by the position the person holds and the location. For example, "health centre in-charge Kafue"? If a person wanted to, they could find out who this is. This is less of an issue with the FGDs participants but it could be an issue for people at the facility and district level. I would anonimize the speaker more and keep it consistent, my suggestion: FGDs- Male FGD participant, urban area; Female FGD participant, rural area etc IDI- Health centre in charge, semirural area,

Response: We have noted the concerns of the reviewer. We have made an effort not to disclose the identity of the respondents. We shall use the district names but not the health centre to show variation is response by location. We have also removed facility names in the text

Reviewer:
Juliet Kiguli
Reviewer's report:
1. This is a well written manuscript. It has a great insight to health systems thinking which is the current topic for discussion in planning and policy.
Response: Thank you

2. Would the author have a quote to make the title read with humor( well you can choose to ignore this comment and leave it as it is. Many times, humorous titles attract readership in ethnographic studies.)
Response: We have noted the suggestion thanks. However we shall still maintain the current title as it is linked to other publications.

3. Regarding the methodology, please remove the word in depth interviews when talking about key informants as this may mislead the reader. An in depth interview is a detailed interview whereas a key informant is someone knowledgeable on the subject though it is also a long depth interview.
Response: We have now removed the word ID and replaced it with key informant.
4. on p.14, why does the author say attitudes towards patients is important in the eyes of the community. This appears as lay man language or sounds colloquial. I would suggest the author says that important to the community.

Response: This is noted and corrected

5. p.14, add some detail to why certain gender is preferred in service delivery. For example, are there any cultural issues which lead to females being preferred in service delivery or why? Is age important such that older people prefer older people to examine them when sick or is it that young people are preferred by young people? What is the relationship?

Response: We have added more details as requested by the reviewer (See page 13, paragraph 2)

7. p.17, align properly reference 7. so that this is similar to other references written

Response: This noted and corrected