Reviewer’s report

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

Version: 2 Date: 7 November 2012

Reviewer: Eva Silvestre

Reviewer’s report:

• Major Compulsory Revisions

First, I am pleased to see a manuscript that covers these interesting health system strengthening topics in sub-Saharan Africa and one that is qualitative in nature. Their study findings will be very informative to the stakeholders within Zambia and lessons can be learned that could be applied to other country-settings. 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.

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.

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.

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?

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.

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

7. Who conducted the interviews and moderated the FGDs? What language was used?

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.

9. Who coded the data? One person, 2 people?

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.

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.

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.

- Minor Essential Revisions

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

1. I 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?

2. 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, etc

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.