Author's response to reviews

Title: Joint special issue, E.25: 'On-site' versus 'off-site' facilitation: a randomised trial of outreach strategies for scaling up kangaroo mother care

Authors:

Anne-Marie A-M Bergh (apbergh@medic.up.ac.za)
Elise E Van Rooyen (elise.vanrooyen@up.ac.za)
Robert RC Pattinson (robert.pattinson@up.ac.za)

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Author's response to reviews: see over
ADRIANO CATTANEO

Minor Essential Revisions:
1. Page 4, first paragraph. If KMC is defined as written in the text, then refs 6 (a review of skin to skin contact in healthy term babies) and 8 (a RCT in unstable LWBI) are irrelevant.
   A slight change has been made in the text in order to keep the references (p 4, 1st full par).
2. It would be interesting to have some details about the three centres of excellence used for group B: type of hospital, location, distance, reason for choosing as centre of excellence
   Two sentences added towards the end of the first full paragraph on page 7.
3. Figure 5, results and discussion. In pairs 1 to 12 group A do better than group B hospitals; the reverse is true from pairs 13 to 18. Though the statistical analysis is correct, it would be interesting to know if there were some features in pairs 13 to 18 that made them different from part 1 to 12.
   In our view one should rather look at all the pairs where there is a large discrepancy in scores. There are three in pairs in Group A and two in Group B. There were no striking differences between the hospital pairs. Sentence added to indicate this (p 9, 1st par, last sentence).

NILS BERGMAN

Minor Essential Revisions:
1. The question posed is clearly enough stated at the end of the background section. However the information and arguments presented up to that point introduce other concepts which do not make very clear what the actual study may be about.
   “Sustainable” intervention is introduced, and a reader may expect the paper to address this, it does not. A followup at six months only measure initation, and does not equate to sustainability.
   Deleted “in a sustainable way” and added “scaling up” in the first sentence under “Background” (p 3).
2. (Discussion says “off site thought to be ineffectual”, no reference.)
   Sentence changed so that a reference is not needed (p 9, last par, 2nd sentence).
3. But the conclusion presented makes a far broader statement or assertion than the study conducted in this paper warrants. It is almost certainly a true assertion, but the conclusion of this particular study was only in relation to the last aspect, the “on site or centre of excellence” are equivalent.
   Conclusion reworded to make clear that part of the conclusion derives from the first trial (p 12, 1st par).

Discretionary Revisions:
4. Effectiveness in implementation (paragraph 2) is perhaps what is being studied and could be more emphasized. The paper could benefit by looking at the strategies of Grimshaw, and then focusing on the “face-to-face” aspect, and then offering an explanation as to why two different forms of face-to-face are worthy of study. I think they are, by I do not why the authors asked the question.
   In the background (p 3) it is stated that the MRC Unit does research on the effectiveness of different outreach strategies, some of which may be more cost-efficient than others. The article is ended with the statement: “The results of testing the effectiveness of different outreach strategies could also inform policy decisions with regard to different kinds of roll-out or scaling-up programmes implemented by provincial and national health authorities.” In our view, these are sufficient reasons for doing the study.
5. I am not sufficiently informed in the field, but I wonder whether “visit to centre of excellence” does not qualify as an adequate intervention, as quite distinct from “face-to-face” facilitation. Grimshaw’s view on this (or lack thereof) would perhaps add value to the paper.

Explanation added on page 5 (par 1). It was the first time that the effectiveness of these two strategies was to be tested. Off-site facilitation is further qualified as the ‘new’ intervention.

6. (Discussion says “off site thought to be ineffectual. No reference) And both are intrinsically hard to define in a way that makes it impossible to replicate the study: the nature and quality of either can vary substantially. On site consisted of two relatively short visits, off site by one much longer visit.

Consistency was attained by using the same procedures for all sites in both groups and using the same facilitators and assessors (see p 7, last par and p 8, 1st par).

7. Grimshaw identified “development of protocol” as a key factor, and the method includes “Development of a plan of action by each hospital”. This study then ensures two essential factors for implementation success in both arms (package and protocols), both of which may be adequate per se to produce the results shown. In other words, what control does the study have for any effect at all of the “face-to-face” intervention in whatever form)? In the discussion this is acknowledged, (paragraph 2), and this conclusion should then perhaps be more guarded.

Development of protocols is in our view not the same as developing plans of action. Apart from developing a plan of action at the beginning of the study, hospitals were also required to develop various guidelines and policies (‘protocols’) for their KMC ward in the course of the outreach. In the second paragraph of the “Discussion” (p 9) it is stated that the relative importance of inter alia the development of a plan of action (commitment to certain tasks) still needs to be tested. The control of the study for the effect of face-to-face facilitation (in whatever form) is that the rest of the procedures followed were the same for both groups. When all other factors are ‘equal’, the results showed that there was no difference between the two forms of face-to-face facilitation.

8. If one of the centres of excellence was the same as that of the authors, a measure of control could be achieved by “standardizing” the facilitator input of the “on site” versus “off site”. Perhaps data would allow for such sub analysis?

It is indicated on page 6, that two of the authors were involved in all the facilitation activities, both on site and off site (in other words, at their own institution and the other centres of excellence).

9. How the data is actually collected, collated and analyzed is only briefly described, reference is made to an earlier paper. The paper might be strengthened by a box or footnote to Figure that would allow an uninitiated reader to better understand the flow from Figure 2 to 3 to 4.

Clarifying phrase added under “Results” that links figures 2 and 3 with figure 4 (p 8, 1st par, 2nd sentence).

10. The authors suggest “choice of strategy depends on local circumstances and cost”, another key factor of local circumstances when going to scale is the (poor) availability of skilled facilitators, which would make the Centre of Excellence approach more efficient.

Comment added in the “Conclusion” (p 12, 1st par).

11. Do the title and abstract accurately convey what has been found? The abstract, yes, perhaps with the exception of conclusion as discussed above.

Conclusion of abstract revised according to change in text.