Reviewer’s report

Title: Quality of care for children with severe disease in Congo, DRC

Version: 0 Date: 05 Jul 2019

Reviewer: Anbrasi Edward

Reviewer's report:

The authors have addressed a critical quality of care priority that continues to be a major challenge in low and middle income countries due to the mortality implications. Results based financing strategies have illustrated mixed results, and few have specifically focused on the impact of quality of care for child health. The study used a more reliable methodology for disease diagnosis, rather than the traditional gold standard reassessments used in IMCI evaluations, which is also fraught with methodological issues.

The rationale, methodology and results has been well described, documenting the potential bias due to the Hawthorne effect, and disease classification errors, and discussion of appropriate systemic improvements than can be instituted to enhance effective IMCI implementation in DR Congo.

A few minor observations

Sampling of children in facilities and hospitals is not clear, how were the one and five under-5 patients selected? What was the average daily pt load in these facilities?

A brief description of the health system, workforce challenges, providers trained in IMCI, system readiness in terms of availability of commodities and essential equipment, patient factors would be helpful to appreciate the limitations in capacity for optimal service delivery. Health providers may not have performed the necessary tests and assessments due to various factors, unavailability of commodities, patient load etc. What was the major objective and focus of the results based financing strategies? Were providers or facilities incentivized to improve quality of care, service utilization etc. in the background or discussion, section, it would be helpful to describe the status of iCCM in DR Congo, to reflect on the care continuum.

What are the specific recommendations to be instituted for policy and programming for IMCI? The concluding statements need further clarity. Provincial, facility, provider level and urban/rural variations are not described. Did some provinces have better health system capacity, proportion trained in IMCI, better workforce capacity, better access, different patient characteristics, etc.
Data in tables and charts requires additional discussion, esp where results are significant. The prevalence of various conditions and comparison of results from other studies will be helpful to see how these results corroborate with other studies in DR Congo.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

No

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable
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