Author’s response to reviews

Title: "Ways and channels for voice regarding perceptions of maternal health care services within the communities of the Makamba and Kayanza provinces in the Republic of Burundi: An exploratory study"

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Version: 2 Date: 06 Oct 2016

Author’s response to reviews:

September 28, 2016.

To The Biomed Central Editorial Team

Object: MS: BHSR-D-16-00434R2 –

“Ways and channels for voice regarding perceptions of maternal health care services within the communities of the Makamba and Kayanza provinces in the Republic of Burundi: An exploratory study”

Thank you for consideration of our manuscript for publication in your journal.

We have reviewed the manuscript according to the journal’s reviewer’s comments
Reviewer 1

General comments

The manuscript is much improved. For the most part the authors have responded positively to reviewers' comments and revised accordingly. I have some minor comments that I discuss below.

Query number 1

My main concern still is focused on the presentation of participatory approaches to improve "voice".

In my original review I suggested to authors "that the paper could identify participatory approaches as one way of addressing the obstacles identified and the section which references where these approaches have been used to some effect be kept. Then in a final paragraph could suggest that on the basis of previous experience such an approach might be developed in pilot communities in Burundi". The authors have gone beyond what I anticipated and outlined a plan for using participatory approaches. The plan appears to be a "brain storming" of what might happen and provides little evidence of how it could be implemented. It weakens the paper. The rest of the paper presents a clear argument based on good evidence that "identify community perceptions of the quality of maternal health services and on ways used to express these views and concerns". The proposal on participatory approaches does not have sufficient evidence to promote the ideas suggested.

I would suggest relabeling the section now called Experience with expressing views elsewhere and proposed voice mechanisms for Burundi as "A Way Forward for Promoting Voice". I would keep the first paragraph of that section. Then I would take the last sentences as follows as the conclusion. "Participative (it is actually Participatory) Learning and Action (PLA) or Interactive Learning and Action (ILA) which are collaborative approaches to research that involve all relevant partners on equal consideration could be used [46]. They include building trust and respectful, honest, and transparent facilitation through dialogue and discussions. These approaches were used with satisfactory results in post conflict and conflict areas. In the Oyo state of Nigeria a participatory approach was used for adolescents in a reproductive health programme where they discussed their needs and agreed on priorities [47]. In Eritrea, Somalia, and
Mozambique, a participatory approach was also used to adapt international aid for post-conflict areas to the local needs of the beneficiaries [48]. However, these approaches were reported as highly context specific and time consuming [49]. Based on the latter information and experiences from other countries [47; 48], the development of such approaches in Burundi should start small and support by political and health authorities sought. When successful within pilot communities, the transferability, horizontally and/or vertically, will be planned based on results of the pilot experiences.

Author’s response

We sincerely thank the reviewer for the comments. The section was labelled and revised as recommended. The application of the concepts of “Community participation” and “community mobilization” was also clearly articulated and examples for each of the concepts provided. Now the section reads as follow:

“A Way Forward for Promoting Voice in Burundi.”

To promote community voice and especially women’s voice in Burundi, the community needs to become increasingly active and take a specific role in regard to community voice promotion. This can be achieved by ensuring community participation and by organizing community mobilization for voice in regard to maternal health. In this study, we define community participation “as a process by which members of the community either individually or collectively and with varying levels of commitment develop the capabilities to assume greater responsibility for assessing their health needs and problems; plan and then act to implement their solutions; create and maintain organization in support of these efforts; evaluate the effects and bring about necessary adjustments in goals and programme on an ongoing basis” [44]. In many countries, community participation is facilitated on a permanent basis by involving boards of community representatives in the management of health centers and health facilities. These boards take different names in different countries, e.g. health committees in Burundi [16], health center committees in Zimbabwe and Zambia [21, 22], etc.

Community mobilization is seen on the other hand as an effort to bring people together for action. The action can be part of a specific health programme [45]. It is a form of community participation and can be planned and carried out alongside other forms of community
participation. Its use was proven as beneficial in many situations. In India, public hearing meetings where community members reported concerns and experiences with health care provision were organized at several levels of the Indian administration. These experiences were discussed further with public stakeholders who were present most of the time, and plans to address the issues raised were made. These public meetings were reported to have contributed substantively towards improvements in health services delivery [9]. In Uganda, community members organized a cycle of meetings to discuss health-related problems firstly among themselves and secondly with health providers. Following these discussions, an action plan was made jointly with health providers, and a follow-up was planned. This process led to improved health services delivery [8]. In Malawi, a district-based project named “Maimwana” to address maternal and child health problems worked with educated women to facilitate a process of community mobilization. These facilitators formed groups of local women and trained them in the identification of mother and child health problems. The identified problems were subsequently discussed with other community members, and an action plan was prepared to address the identified problems. The project led to improvements in maternal and child health [46].

In Burundi, community mobilization could be organized to improve the community’s voice for better maternal health. Opportunities exist such as women’s fora, constituting women organizations newly created by the government to address women’s problems. Although community grouping is usually politically sensitive in Burundi, women’s fora can organize meetings with any kind of actors, in a non-political niche.

Besides community mobilization, Participatory Learning and Action (PLA) or Interactive Learning and Action (ILA), which are collaborative approaches to research that involve all relevant partners on an equal level of consideration, could also be used to promote community voice [47]. They involve building trust and respectful, honest, and transparent facilitation through dialogue and discussions. These approaches have created confidence and trust in different circumstances in post-conflict and conflict areas in the African continent. In the Oyo state of Nigeria, a participatory approach was used for adolescents in a reproductive health programme where they discussed their needs and agreed on priorities [48]. In Eritrea, Somalia, and Mozambique, the War-Torn Societies project, which helps societies emerging from war to cope with the challenges of societal and country reconstruction by bringing together local actors, including former adversaries and victims, and international actors, used dialogue within a participatory study and reached consensus on key priorities, and this helped to adapt international aid to local priorities [49].
However, participatory approaches are reported as being highly context-specific and time-consuming [50]. Based on the latter information and experiences from Nigeria, Somalia, Eritrea and Mozambique [48;49], the development of such approaches in Burundi should start small in local areas, and support from the (local) political and health authorities needs to be sought. When it proves to be successful in the pilot communities, the method can be replicated to other small communities at the local administrative level or to larger communities at a higher administrative level like the provincial level.

Specific comments

Query 2

Check p.1. There seems to be a repetitive sentence.

Author’s response: The extra sentence was deleted.

Query 3

Check all the abbreviations

1) to make sure they are spelled out in the text the first time they appear
2) to make sure they are in the list of abbreviations

Author’s response

We have appreciated the comment from the reviewer. Correction were made in the new manuscript.

Query 4

There is some confusion about "community members". In the list of interviewees community members are not mentioned or defined. On p. 8 there is a reference: "Few community members
reported to have addressed their concerns directly to the health providers". Who are these community members? Also on p. 11 "Community members mentioned CHWs as a channel ".

Author’s response:
“Community members” was used in this study to refer to men and women. As it is probably not an appropriate term we have replaced it by women and men.”

Query 5
On page 12, it is stated that people did not turn first to "community leaders". Who are these leaders and how do people identify them. I assume they are not the local and provincial authorities.

Author’s response
“Community leaders “are chiefs of colline. To avoid confusion we have replaced this term by chiefs of colline.

Query 6
It would be best to put all the documents in the appendix on a separate file as a web attachment to the document. I suspect most readers do not want all these details.

Author’s response
We will do that during the submission of the revised manuscript.

Reviewer 2.

General comments

Thank you for your revision and serious work. I am generally happy with the revisions and believe that the manuscript is now close to being acceptable for publication.
1. As pointed out by the other reviewer, there are probably two papers in one, but the two arguments are clear to me. There are, still, a few minor issues to address before the manuscript is ready for publication:

Another close check of the quality of written English is necessary, especially for the sections that were modified.

Author’s response

The revised manuscript will be submitted after proofreading carried out by an English native speaker.

2. The abstract also needs serious attention. Remember that most people will only read this part of the paper. Among others, please consider the following issues:

- Very first sentence of background: shouldn't it be "increased availability"? You are looking at changes, aren't you?

- Second sentence: why does it "need" to be taken into account? Shouldn't it be a proposition - that taking it into account may improve outcome- rather than a statement.

- "the latter prefer" sounds a bit convoluted, replace with "who"?

Author’s response: The abstract was revised accordingly. Now it presents as follow:

[ “Ways and channels for voice regarding perceptions of maternal health care services within the communities of the Makamba and Kayanza provinces in the Republic of Burundi: An exploratory study “]
Background

Increased availability of maternal health services alone does not lead to better outcome for maternal health. In fact, services need first to be utilized. One way to increase services utilization is to plan responsive health care services by taking into account community’s views or expressed needs.

Burundi has a high maternal mortality ratio and despite improvements in health infrastructure, skilled staff and the abolition of user fees for pregnant women, utilization of maternal health services remains low. Possible reasons for this include a lack of responsive health services.

An exploratory study was conducted in 2013 in two provinces of Burundi: Makamba and Kayanza with the aim to collect women and men experiences with maternal health services; their views regarding those services, channels used to express these experiences and providers’ reaction.

Methods

Semi-structured interviews were used to collect data from men and women and key informants, including community health workers, health committee members, health providers, local authorities; religious leaders and managers of non-governmental organizations. Data analysis was facilitated by MAXQDA 11 software.

Results

Poor experiences with maternal health services were reported and include poor staff behavior towards women and lack of medicine. Health committees and suggestion boxes were introduced by the government to channel community’s views. However, they are not used by the community members who prefer to use community health workers as intermediaries. Nonetheless, fear to express oneself linked with the postwar context of Burundi, social and gender norms and religious norms limits expression of community member’s views especially women. The limited appreciation of community health workers by the providers further hampers communication and acceptance of community’s views by health providers.
Conclusion

In Burundi, community voice to express views on maternal health services encounters obstacles and needs to be strengthened, especially women’s voice. Community mobilization carried out by women fora and local associations could help to increase community voice. Participatory approaches should also be explored in that perspective.

Key words: maternal health; social accountability, voice, community mobilization; participatory approaches.

3. Conclusion: you need to provide examples of community participation. I agree with the first reviewer about the community participation/mobilization distinction, but without more details, "participation" remains too vague a concept to be useful.

Author’s response

We thank the reviewer.

This query was addressed within the last section of the discussion. Our response to reviewer 1 addresses also the query.

4 The conclusion also needs, I believe, some minor tweaks:
- "lack of capacity" - what do you mean? It would be useful to explain the capacities you are talking.
- "Fora should worth w"? What is w?
- Explain the possible participatory approaches.

Author’s response

The conclusion was revised accordingly and now reads as follows:

“Community voice and engagement as preconditions to use social accountability are not sufficiently established in Burundi. This study revealed that women and men were limited in expressing their concerns. Formal channels were often not recognized, and opportunities for
alternative channels like suggestion boxes not used. Community voice, especially women’s voice, needs to be strengthened, and at the same time the health providers have to be less defensive and more responsive in order to increase the number of women who will benefit from maternal health services. Recently the government promoted Women Fora as political neutral niches to focus on societal problems women encounter. Community mobilization using these Women Fora is proposed to enable community voice with respect to maternal health. Use of participatory approaches to promote women voice, like participatory learning and action or Interactive learning and Action should be also explored in this context.”

Specific comments

Query 1

p. 2: you don't need to repeat reference 11 again and again. One time should be enough.

Author’s response:

Reference 11 was kept only in places where it is needed.

Query 2

p. 9: Catholics + Protestants is almost everybody in the countryside, so this category is not too useful. It could be useful to disaggregate between different types of protestants, in particular Baptists, Anglicans, Adventists, and Pentecostal. Each has a different attitude.

Author’s response

In our study, Protestants were from Pentecost church and Methodist church. Precision was added to the section within the manuscript which now starts as follow:

“The study unveiled that religion was exerting an influence on citizen’s expression of views. Some respondents especially among Roman Catholics, Pentecost’s and Methodists reported that they are afraid to take a position or act in a way that contradicts religious views.”
Query 3
p. 12: I would suggest that louds peaking and gossiping are two different paragraphs, and maybe even two different sections. They are, conceptually, very different things.

Author’s response
The new manuscript separates loud speaking and gossiping in two sections. (page 12)

Query 4
p. 14: "two years prior the current situation" will not be terribly meaningful in the future and is already a bit unclear. Maybe you could qualify the current situation, and replace it with: "two years before the political crisis that started in 2015" or something like that.

Author’s response
Correction was made and the sentence now reads as follows:

“The study was carried out two years before the current political crisis triggered by controversies around 2015 presidential elections in Burundi. “

Query 5
p. 18: what is the Mainwana project? Please explain.

Author’s response
The project Maimwana is now better explained in the text which reads now as follow:

“In Malawi, a district based project named” Maimwana” addressing maternal and child health problems used educated female to facilitate a process of community mobilization. Those facilitators formed groups of women from the community and trained them in the identification of mother and child health problems within the community. The latter were subsequently discussed with other community members and an action plan made to address identified problems starting by agreed upon priorities. The project is reported to have led to improvements of maternal and child health [44].”
Query 6

p. 19: Explain what was the participatory approach in [48]. Eritrea instead of Erythrea.

Author’s response

Explanations were provided in the text to better explain the participatory approach initiated by War-torn-Society in North-East Somalia, Eritrea and Mozambique. Now the text reads as follow:

“In Eritrea, Somalia, and Mozambique, War-Torn-Societies project which helps societies emerging from war to cope with challenges of societal and country reconstruction by bringing together local actors including former adversaries and victims and international actors used dialogue within a participatory research and reached consensus on key priorities and this helped to adapt international aid to local priorities [49].”

Query 7

p. 19: How can one judge whether the approach is successful. It would be useful to indicate indications about the "measures of success".

Author’s response

We have better reported the issues by point out more clearly to results yield by the process . Page 18 and 19

“Community mobilization is seen……..maternal and child health [46] “

Query 8

p. 19: "the transferability, horizontally and/or vertically" - please clarify.

Author’s response

We have preferred to replace transferability by replicability for clarity. Now the text reads as follow:
“However, participatory approaches are reported as being highly context-specific and time-consuming [50]. Based on the latter information and experiences from Nigeria, Somalia, Eritrea and Mozambique [48;49], the development of such approaches in Burundi should start small in local areas, and support from the (local) political and health authorities needs to be sought. When it proves to be successful in the pilot communities, the method can be replicated to other small communities at the local administrative level or to larger communities at a higher administrative level like the provincial level.”

Query 9

p. 19: why were women shy and reluctant? Is this something that could be addressed with different methods?

Author’s response

We thank the reviewer for this interesting comment. We describe the observation of a behavior that shows indication of shyness and reluctance to speak up. It might be interesting to do further research in this direction

Editorial comments

Query 1

Please change the title of the "Introduction" to "Background". Similarly, please change "Methodology" to "Methods"

Author’s response: Changes were made in the revised manuscript both for study abstract and study manuscript

Query 2

2) Please expand on the contribution of Frédéric Irambona. Please see http://www.biomedcentral.com/getpublished/editorial-policies#authorship for guidelines on what constitutes authorship.
Author’s response

The contribution of Frederic Irambona was better presented. Now the text reads as follows:

“Irambona Frédéric” participated in designing the study and helped in carrying out the data collection. He participated actively in the manuscript revision and correction.

Query 3

For the 'Availability of data and materials' section, please provide information about where the data supporting your findings can be found. We encourage authors to deposit their datasets in publicly available repositories (where available and appropriate), or to be presented within the manuscript and/or additional supporting files. Please note that identifying/confidential patient data should not be shared. Authors who do not wish to share their data must state that data will not be shared, and provide reasons for this in the manuscript text. For further guidance on how to format this section, please refer to BioMed Central's editorial policies page - http://www.biomedcentral.com/submissions/editorial-policies#availability+of+data+and+materials.

Declarations

- Ethics approval and consent to participate
- Consent to publish
- Availability of data and materials
- Competing interests
- Funding
- Authors' Contributions
- Acknowledgements
- Authors' Information
Author’s response

Data availability section was filled appropriately as it appears in the declaration section.

Availability of study data and material

Data supporting the study conclusions are available in the Open Science Framework Repository. Questionnaires were provided as additional files to the main manuscript.”

The proposed structure for the section “Declaration” was followed

END