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: 3 Date: 16 Apr 2017

Author’s response to reviews:

April 12th, 2017.

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 editorial board and reviewer’s comments.

1. Editorial comments

1. In order to improve your manuscript, we recommend that you ask a native English speaking colleague to help you copyedit the paper. If this is not possible, you may need to use a professional language editing service. For authors who wish to have the language in their manuscript edited by a native English speaker with scientific expertise, BioMed Central has a new in house editing service. The new editing tool can provide both scientific and language editing: http://authorservices.springernature.com/

Author’s response

We thank very much the editorial board for the comments. The manuscript was copyedited by a colleague native English speaker as recommended by the editorial board and reviewers. If additional corrections are needed, we are ready to make them.

2. Please provide the full link for the Open Science Framework Repository where the data will be available, as mentioned in the Availability of data and material section.

Author’s response

We thank the editorial board for the comments. The new manuscript section on data availability provides a clear link to access to data. Now the section reads as follows:
“Availability of study data and material

Data supporting the study conclusions are available in the Open Science Framework Repository. Access to data needs to log in at http://osf.io

Questionnaires were provided as additional files to the main manuscript.”

2. Reviewer 1: Susan B. Rifkin, Ph.D

1. Comments on the section on “A Way Forward for Promoting Voice”

The authors in this section respond to my comments on participatory approaches to improve voice. I find this revised section confusing because of their definition of terms. (See below) Community participation in the literature is now used as a broad term defined as involving community people in local activities. In this case health activities. The objective of their involvement can be empowerment (this is the definition the authors use for "community participation") and/or mobilization which is defined as involving communities in activities defined by external people (in health this is usually the professionals). The examples the authors provide do not make this distinction and confuses the objectives of the projects. For example, PLA always has the objective of empowerment and sees community participation as a process. Community mobilization is focused on the outcomes rather than the process of the activities.

I would suggest this section be rewritten. Firstly define community participation as the umbrella for communities involvement in health. Secondly define community mobilization and community empowerment and note that they both come under the broad definition but there are differences in the objectives (outcome and process). Then use the examples that are most relevant to Burundi which are basically focused on empowerment and appear to be those discussed as examples of PLA.

After you make the revisions, please check the abstract where the term community mobilization is used.
Community participation can loosely be defined as the involvement of people in a community in projects to solve their own problems.

Community participation was traditionally seen by the medical establishment as mobilizing people to uptake an intervention. A typical example is mass campaigns for immunization days (Gonzalez, 1965). Programmes like these, however, have proved difficult to sustain because of their high demand for resources and their inability to cover populations in outlying areas. PHC tried to address this by implementing wider interventions that were part of the whole fabric of development. Centrally-driven, stand alone Child Health Days do not reflect the principles of PHC that strives to address the wider, social determinants of health. (S. B. Rifkin, G. Hewitt and AK Draper Community participation in nutrition programs for child survival and anemia. Washington, D.C: USAID A2Z 2007

Author’s response

We thank very much the reviewer for the comments. The section was rewritten entirely and new references were included in the text which reads now as follows:

“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 with regard to community voice promotion. This can be achieved by ensuring community participation in maternal health care-related programmes and activities. In this study, community participation is understood in its broad sense as” the involvement of people in a community in projects to solve their own problems “[44]. Community people’s involvement can present as a process towards community empowerment or as a community mobilization. We take Community empowerment as a” process by which people work together at a local or community level to increase the power (control) they have over events that influence their lives”[45] and Community mobilization as” the way in
which people can be encouraged and motivated to participate in programmers’ activities”[44]. It is found most of the time in situations when a health goal fixed by external actors like health professionals need the involvement of the community to get achieved. From what was stated above, Community participation appears as an umbrella term encompassing community empowerment and community mobilization.

In Burundi, community voice can be enhanced using both community mobilization and community empowerment. Community mobilization can use women’s forums which are women organizations newly created by the government to address women’s problems. Although community grouping is usually politically sensitive in Burundi, women’s forums can organize meetings with any kind of actors, in a non-political niche. They can nationally mobilize women by organizing a woman-health day in the form of a mass campaign for immunization day [46]. Besides Community mobilization, community empowerment using PLA, can also be organized for community voice promotion. In fact, PLA are collaborative approaches to research that involves all relevant partners on an equal level of consideration [47]. They involve building trustful and respectful, honest and transparent facilitation through dialogue and discussions. These approaches were reported to have led to improvements in service delivery in settings where they were used. This was the case in the Oyo state of Nigeria where a participatory approach was used for adolescents in a reproductive health programme to discuss needs and agree 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]. In Burundi, PLA can take the form of a dialogue between women, health providers and other community actors to discuss maternal health delivery challenges and ways to address them.

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 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 province.”
2. After you make the revisions, please check the abstract where the term community mobilization is used.

Author’s response

We thank very much the reviewer. Abstract was revised accordingly and the conclusion section which was including community mobilization now reads as follows:

“Conclusion

In Burundi, the community voice to express views on maternal health services is encountering obstacles and needs to be strengthened, especially the women’s voice. Community mobilization in the form of a mass immunization campaign day organized by women fora and community empowerment using participatory approaches could contribute towards community voice strengthening.”

Reviewer 2: Jean-Benoit Falisse

The manuscript now seems almost ready for publication. A few minor points:

1. I don’t think it is necessary to write in details what is obvious from table 1, but I will leave that paragraph (124-131) to the authors

Author’s response

We thank very much the reviewer. The paragraph was rewritten to better highlight the key characteristics of our respondents in fewer words. Now the paragraph reads as follow:
“In total, 138 respondents were interviewed: 27 men, 19 women, 8 community leaders, 36 community health workers (CHWs), 12 health committee members (HCMs), 5 local authorities ‘representatives, 21 health providers, 5 NGO staff members, 5 religious leaders. The majority of men, women, CHWs, HCMs are people from rural areas, living from agricultural activities and having a low educational level. Few women were in a leading position within the community. The majority of health providers were nurses. Respondents were Catholics, Pentecostals, Methodists and Muslims. Religious leaders were also from those religious communities.”

2. In that paragraphs, some sentences are grammatically incorrect (e.g. "Most CHW, HCM were also farmers.") A final proofread of the whole manuscript by a native English speaker would be useful to ensure that everything flows nicely. Also, please systematically check the use of HCM and CHW -some plurals seem to be missing.

Author’s response

We thank the reviewer for these comments. We have made corrections accordingly to the paragraph and everywhere in the manuscript where the words CHW;HCM appears. Moreover, the manuscript was sent to a native speaker for copyediting.

3. - I think the authors could be even more careful with the study limitations: their study is only in 4 health centers, and even if the HCs are in different settings, they are not representative.

Author’s response

We thank very much the reviewer for the comments. This limitation was included in the study limitations section which reads now as follows:

“The study has some limitations. Firstly, the absence of differences between the four health centers investigated in the study concerns barriers to community voice and not other aspects of the health system. The authors acknowledge that the four health centers may differ in other
aspects. Moreover, although located differently within the province of Makamba, the four health centers are not representative of the whole provincial health system. Nevertheless, the data show that barriers to community voice are independent of rural or urban locations, plain or mountain communities, more or less informed communities regarding health services (along trading routes and with access to facilities or not). Secondly, researchers encountered difficulties related to interviewing women as they were shy and reluctant to express their views on maternal health services. This led to fewer results than expected for such an exploratory study. However, support for the relevance of their answers came from the contextual actors, husbands and the community key informants.”

By the corresponding author

Dr NIYONGABO Prosper