Reviewer’s report

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"

Version: 2 Date: 12 Jan 2017

Reviewer: Susan Rifkin

Reviewer's report:

Comments on Revision 2

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.

References for above comments:

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 http://www.a2zproject.org/pdf/Community_Participation_Review_October_1_09.pdf

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

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