Author’s response to reviews

Title: Lessons from a Training Needs Assessment to strengthen the capacity of Routine Immunization Service Providers in Nigeria

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Response to Reviewers (Rebuttal Letter)

The study was an original research which conducted a Training Needs Assessment (TNA) among Routine Immunization (RI) service providers and tutors in pre-service institutions in order to identify unmet training needs and gaps. To develop an effective health workforce, TNAs are necessary to develop tailor-made interventions that would address knowledge gaps and help towards capacity building. By so doing, training needs were pre-assessed before seeking HWs perception on an innovative training approach that was about to be piloted, where tutors will be used for in-service training in Nigeria.

The study was conducted in Nigeria in a view to assess and proffer way forward for training RI providers and indeed the health workforce. This is interesting paper helps the health care-decision makers to understand more about the underlying factors that influence poor health service delivery in the RI system in Nigeria.

The authors may consider to clarify some issues:
Reviewer 1

It would also be extremely helpful for the authors to present realistic ways forward, considering the real systemic challenges health workers (and those training them) face.

Response: A more detailed description on ways forward has now been included in the recommendation section. Where possible, we now report strategic ways forward for different stakeholders involved to improve training for Immunization service providers and EPI managers in Nigeria.

Given what the authors heard from the workers they interviewed, how could workers best supported through training? What steps could reasonably be taken in the Nigerian context, from the point of view of the health workers? Table 1 seems to suggest that this data is there, but it is not currently developed.

Response: Done. This has been presented in Table 4 with the narrative in the Discussion (Paragraphs 1 & 2)

Additional background information on the Nigerian health system would also be useful early in the paper and help frame this discussion.

Response: Done. This is now presented in the background section (Paragraphs 4 & 5)

Reviewer 2

1. The title does not reflect the actual content of the paper: especially the innovative dimension as far as in-service training approach is concerned and the reader is unclear on the lessons.

Response: Done. Title has been revised with the innovative dimension expunged as shown in the opening page of the manuscript

2. In the background section, the authors may consider emphasizing the underlying causes of weak immunization systems and the inefficient resources allocation to training activities in immunization services across Africa and/or undervaluing of specific capacity building of vaccinators.

Response: Done. Details of the underlying causes of the weak RI system in Nigeria has now included in the background (paragraphs 4 & 5) section
3. In the methodology section, the authors may consider the following suggestions:

i. rewrite the paragraph on study population and sample size to articulate participant selection

Response: Paragraph has now been re-written and shows the succinct number for the health workers (90) and the Tutors (27) in pre-service training institutions who participated in the study. This information is presented in the Methodology section under the study population and sample size bit.

ii. rewrite the paragraph on data collection and analysis to bring in clarity on who were the surveyors, how were the focus group discussions organized, how data were organized and analyzed, how reliability of data was ensured and what guided the quantitative and qualitative analyses

Response: Paragraph has now been re-written and shows the succinct number for the health workers (90) and the Tutors (27) in pre-service training institutions who participated in the study. This information is presented in the Methodology section under the study population and sample size bit. In addition, how the FGDs were conducted, who acted as surveyors and how retest reliability was ensured has also been included.

4. In the results section, the authors may consider the following:

i. introduce a paragraph describing the study population (health workers and tutors) before describing the gaps in terms of knowledge, attitudes and skills

Response: Done

ii. the paragraph describing findings from the focus group discussions is surprisingly too short

Response: Done

iii. the explanatory dimension is missing in this section

Response: Done
iv. the interpretation of these results in relation to innovation in building capacity for more resilient immunization systems is missing

Response: Done

5. In the discussion, there are results appearing for the first time in this section, one would expect a structured discussion (main findings, strengths and weaknesses, these findings in relation to other papers, implications for policy and practice and implications for research) or an interpretive summary of both the quantitative and qualitative components of the study.

Response: Discussion has been revised, strengths and weaknesses now included with more narrative for the quantitative and qualitative components of the study.

6. The conclusion is too long.

Response: The conclusion has now been trimmed and therefore more concise.

7. The numbering of tables needs revision

Response: Numbering of tables has been revised.

8. The figures to illustrate the level of knowledge etc… are not legible

Response: All figures have been revised to illustrate ore legibility