Author’s response to reviews

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

Authors:
Linda Arogundade (lindaomosefe@yahoo.com; linda.arogundade@dclnigeria.com)

Titilola Akinwumi (titi.akinwumi@dclnigeria.com; titimakay@gmail.com)

Ebubechi Nwaononiuwu (Ebubechi.Nwaononiwu@gmail.com; Ebubechi.Nwaononiuwu@dclnigeria.com)

Joshua Ezika (joshykime@gmail.com; joshua.ezika@dclnigeria.com)

Inuwa Yau (inuwabarau@yahoo.com)

Shola Molemodile (sholamole@gmail.com; shola.mole@dclnigeria.com)

Chizoba Wonodi (chizobabw@gmail.com)

Version: 2 Date: 05 Apr 2019

Author’s response to reviews:

Dear BMC HSR,

Thank you for the professional reviews that have indeed molded the manuscript into a better form.

Like you will agree, the manuscript was developed about a year or so ago. Thus, as the opportunity was thrown at us to revise the paper, we thought it wise to revamp the whole paper and provide more intellectual content to fit the current situation on ground.

As you may recall, the paper struggled to fit the reviewers thought process and so faced severe delay.

Glad to inform you that they have been addressed.

Concerning the change or authors, we have agreed to revert to how it was when we first submitted. This is a joint agreement as several of the authors are in different geographical regions and will this be impossible to meet the 4 day window period you gave us to sign respectively.
However we look forward to more reviews that will draw global attention and also contribute to the mesmerizing content associated with BMC HSR.

Titilola Akinwumi
Corresponding Author

Response to Reviewers

The study was an original research which involved conducting a Training Needs Assessment (TNA) among Routine Immunization (RI) service providers and tutors in pre-service institutions to identify unmet training needs. To develop an effective health workforce, TNAs are necessary to develop tailor-made interventions that would address knowledge gaps and help towards capacity strengthening. 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 especially with respect to training HWs.

Reviewer 1

1. I am still really looking for a deeper analysis in the discussion, one that does not re-state what has already been said in the results but truly addresses problems of resource scarcity and accountability, drawing on the focus group data. The discussion is improved but does not really go deeper than what has already been presented.

Response: A more detailed narrative has now been included in the discussion section. We restructured this section to have sub headings describing some of the underlying issues and highlighting the major lessons in each section. Where possible, we now report results pitching on scarcity and accountability and how they affect the current health workforce and the possible ways of addressing such challenges for improving training for Immunization service providers and EPI managers in Nigeria. Refer to discussion section under implementing an accountability framework (Sub paragraph 13 under discussion section)
2. The writing needs editing before it is of publishable quality. Many paragraphs consist of just one sentence, there is missing punctuation and capitalization is inconsistent. Perhaps this is a result of the pdf conversion process, but there is very confusing spacing and paragraph breaks.

Response: Done. Based on your suggestion, we have taken steps to overhaul the whole manuscript to include appropriate formatting, restructuring and grammatical range to aid thought and reading processes.

3. The discussion of the Nigerian context of immunization services in the introduction is much improved. It could use editing for flow. For example:

a. The introduction of Gavi on p. 2, line 55 could be smoother

Response: The role of GAVI has been better polished and the extensive role they play in the Nigerian health sector has been added to the background section (paragraph 6)

b. The discussion of the size of the health workforce on p. 3, lines 12-16 and 23-25 should be integrated. Currently, it jumps around a bit.

Response: This has been integrated and includes the size of health workers as seen in Paragraph 3 under background section.

c. I would like a bit more information on the problems listed on p. 3, lines 19-23, as those are so integral to the issues discussed in the paper.

Response: The underlying issues that are causal to the health problems have been listed in Background section (Paragraph 6)

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

Response: This has also been addressed in the background section to give a fore description of the Nigerian health system (Paragraph 5). The discussion on size and distribution of health workforce has also been integrated and refined.
4. The additional background on training in Nigeria is much appreciated. This too could be edited for flow.

a. P. 4, lines 31-32: I would delete the Rwanda example. There is a LOT that is different between the Rwandan and northern Nigerian health systems, planning is just one small piece of that.

Response: Initially, the authors thought it was okay to have such comparison as they are both African countries. On a second thought comparing a fragment or a zone in Nigeria with another middle income country is a bit too skewed for the Rwandan health system, hence this been expunged from the manuscript.

5. An explanation of the cadres of workers (CHOs, CHEWs, etc) would be helpful, since we are just given their acronyms without explanation of who they are and what they do.

Response: An explanation of the cadre and the various acronyms has been done with brief explanation as seen in P.4 (background section)

b. Many acronyms are presented but not spelled out or explained (eg., TNA)

Response: All acronyms that are listed have been fully spelt out in their first mentions. This will be seen through out the manuscript.

c. Ethical and administrative approval are not necessarily the same thing; perhaps they should be presented separately.

Response: Separated (refer to the ethics section)