Author’s response to reviews

Title: Reducing maternal and newborn mortality in Nigeria – A qualitative study of stakeholders’ perceptions about the performance of community health workers and the introduction of community midwifery at primary healthcare level.

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We the authors of the manuscript entitled ‘Stakeholders’ perceptions of the performance of community health workers at primary healthcare level in Nigeria: Is there a case for introducing community midwifery to address the high maternal and newborn mortality?’ are grateful for the feedback provided by your reviewers and have taken the following steps to respond accordingly.

In response to the first comment from Reviewer 1 and the following comment from Reviewer 2: “The title is long, and I am not sure that it represents the purpose of the study. In the summary and introduction, the authors state that the study was designed to assess stakeholders’ perceptions of the feasibility of introducing and using community midwifery; The title highlights the stakeholders’ perceptions of the performance of community health workers. The results present the perceptions about the two points, as well as the perception about the role of the community health workers. Is needed to standardize title, objectives and results”, we have adjusted the title of the manuscript to focus on stakeholders’ perceptions about the performance of community health workers and the feasibility of introducing community at primary healthcare level to help...
reduce maternal and newborn mortality. Appropriate adjustments have also been made within the abstract and body of the manuscript. The revised title of the manuscript is as follows –

Reducing maternal and newborn mortality in Nigeria – A qualitative study of stakeholders’ perceptions about the performance of community health workers and the introduction of community midwifery at primary healthcare level.

In response to the 2nd comment by reviewer 1, we have added the following at the beginning of the first sentence under Introduction – ‘Alongside inadequate financing, essential medicines supply gaps, and a myriad of service delivery challenges…’

In response to the comment from Reviewer 2 to ‘present a brief profile of participants, mainly about how many years have they occupy the current job’ and Reviewer 1’s comment: ‘More details on the purposive sampling technique used to allow replicability will be of importance to readers of the article’, we have added the following to the Study Design, Study Population and Sampling Strategy – ‘The purposive sampling technique was appropriately selected as the sampling strategy to ensure that all selected key informants from both study states had a minimum of 5 years work experience with the Nigerian PHC system, covering areas such as training and capacity building of health workers, service delivery and PHC governance, thus making them well-suited to offer rich insights for addressing the study objectives.’

In response to the 5th comment by Reviewer 1, we have added the following statement to the Data collection and Data management – ‘For quality assurance purposes, the interviewers were trained by qualitative research methodology experts on the use of the key informant guides. In addition to role plays and participating in practical exercises, they were retrained on research ethics.’

The second part of the comment from Reviewer 1 about whether ‘…their interviews [were] recorded and archived for possible review later for quality assurance’ has already been addressed in the manuscript with the following sentences – ‘After the interviews, the interviewers transcribed the audio recordings verbatim and the transcripts and audio recordings were sent to Population Council Country office in Nigeria for archiving. The transcripts were subsequently compared with the audio recordings to ensure completeness.’

To address the first comment from Reviewer 2: ‘explain better the key informant interview guides used and the analysis techniques applied (Was any referential adopted? What were the analysis steps taken to determine the categories? What were the categories?); inform the period of data collection.’ The following sentences have been added under Data collection and Data management - ‘Data collection using key informant interview guides (KII guide) took place starting in November 2015 and continued through the first and second quarters of 2016. To ensure validity, the KII guide was reviewed and quality-assured by senior health experts from the Bauchi and Cross River States Ministries of Health and researchers from the University of Ibadan in Nigeria, who provided support during the design of the study. The KII guide consisted of broad questions and follow-up probes on the performance of community health workers in maternal newborn and child healthcare service delivery and specific actions that could be taken to improve or enhance MNCH service delivery effectiveness.’ The following sentences were also
added to the manuscript - ‘Members of the study team who were involved during the data collection process also provided assistance in categorizing the data. Regular meetings were held by the study team in order to reach consensus on the interpretation of the data collected during the interviews.’

To address the comment from Reviewer 1: ‘…stakeholders did not include representative of patients group, the community or children’, the following sentence was also added under Data collection and Data management - The study focused on the investigation of the perspectives of PHC managers and policy makers (rather than clients) as key stakeholders since their inputs would largely shape any official efforts at reforming or improving the performance of the Nigerian PHC system.

In response to comments from both Reviewer 1 about unique identifiers for the key informants and from Reviewer 2 that study participants are identified through their roles, the following has been added to the manuscript under Ethical Considerations - Only generic descriptions and the location of each key informant were recorded by the researchers without explicitly identifying particular key informants vis-à-vis their specific responses or statements.

To address the comment by Reviewer 2, the country has been included in the legend of Table 1.

In response to the comment about religion, which was mentioned when describing the study sites, and any relationship with the outcome or expected outcome of the study, some edits have been effected under Performance of community health workers in maternal, newborn and child health service delivery.

In response to the question by Reviewer 1, we the authors clarify that the Midwives Services Scheme (MSS) was an ad hoc program initiated and implemented by the Federal government of Nigeria, designed to increase the number of midwives and the proportion of births attended to by qualified birth attendants. The MSS was also targeted at the primary healthcare level to address the high maternal and newborn mortality, especially in rural areas in Nigeria. The following sentence has been included within the Discussion section and appropriately referenced within the manuscript - The Midwives Services Scheme (MSS), a maternal and newborn healthcare intervention targeted at primary healthcare level, was similarly introduced by the Federal Government of Nigeria to address high maternal and newborn mortality, especially within rural areas in Nigeria20

In response to Reviewer 2’s comment, the categorization and data related to ‘Roles of community health workers in maternal newborn and child health service delivery’ has been removed as some of the information in this section has already been captured within the Introduction section of the manuscript. This removal was also done to better streamline the objective and focus of the paper around the performance of community health workers in maternal newborn and child health service delivery and the potential for introducing community midwifery to reduce maternal and newborn mortality - as reflected in the revised title of the paper. In addition, the first sentences within the 2nd paragraph of the Discussion which focus on the roles of community health workers has also been removed and the references of the manuscript adjusted accordingly.
In response to the comment by Reviewer 2, the subsection ‘Context of Community Midwifery Programme and Practice in Nigeria’ has been diluted/included within the Discussion section of the manuscript.

Finally, we only selected quotes from the transcripts which best describe the perspectives of the stakeholders who were interviewed. We observed that there were some repetitions in the perspectives of some of the key informants, so it will have been unwise to repeat these quotes. In other instances, we synthesized the feedback provided by the key informants which formed part of the prose within the Result section. Nevertheless, the following has been added under Performance of community health workers in maternal, newborn and child health service delivery:

Among the roles that were identified as worst performed by community health workers include record keeping and research. It was mentioned that community mobilization was not adequately performed. In addition, postnatal care services are not being performed as expected.

“The role they perform worst is that they don't do research…or maybe even if they do, the government doesn't implement…”

Head of Health Training Institution, Bauchi

“Well I think they have problems in the post-natal services…for any woman or pregnant woman, they should have a register. They know her location, they know her address and after deliveries, maybe they should be looking at their register and tracking, because you are expected to come back to the health facility and if she doesn’t come, they should have a way of contacting her”

Senior official, Ministry of Health, Bauchi

“Another role that they are expected to play is community mobilization, which currently is poorly performed…”

Senior official in Health-related parastatal, Cross-River

Some key informants mentioned that some of the community health workers attend to cases which they are not adequately trained or skilled enough to manage, in many instances without adequate supervision. These cases when not treated well or referred to higher levels of care on time, leads to increases in the maternal newborn and child mortality, especially within rural communities.

“…the JCHEWs and CHEWs are handling cases they are not supposed to handle, because the skills are not just there!”

Senior official in Health-related parastatal, Bauchi
We hope that with these major revisions which address the comments and feedback from the reviewers, our manuscript will be acceptable for publication in the Human Resources for Health journal.

With best regards,

Ekechi Okereke