Author’s response to reviews

Title: Supervision as a tool for building surgical capacity of district hospitals: the case of Zambia

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Response to reviewers:

Thank you very much for your helpful comments. We acknowledge the weaknesses of our paper pointed out by both reviewers, particularly the lack of description of the supervision model. Please see below our responses.

Reviewer 1

The work seems to be discussing more of task shifting rather than supervision. The model supervision does not clearly gets discussed .

Review the background and methodology.

- We agree with the comment. Thorough description of the supervision model has been added to the paper.

Reviewer 2
I commend the authors are their investigation of a unique approach to improving the quality of surgery performed by non-physician clinicians in low-resource settings. The qualitative findings were nicely presented and the discussion added useful context.

My primary concern is that the structure of the supervisory program is not described.

- This comment has been addressed in the background

For this intervention to be replicated, please detail:

how the supervising surgeons were recruited for the program,

- Now included in the background

the incentive structure used to encourage the surgeons to visit the MLs working in the DLHs,

- Now included in the background

and the proportion that adhered to quarterly visits.

- Now included in the background

Once the supervisory program is described in the Background, please include a section in the Discussion on how the program should be changed based on the findings of the study. Currently, the eight paragraph in the Discussion describes the barriers to the success of the intervention. However, the barriers described are resource challenges. It would be helpful to know more about operational barriers, such as compensation to the surgeon, scheduling issues, who assigned the ML - surgeon pairs.

- We did not encounter any of such operational barriers, because the model was developed together with the surgeons who delivered it. Surgical specialists were coming from the Surgical Society of Zambia, which was also the formal collaborator in the COST-Africa project. We added other lessons from COST-Africa into the ‘discussion’ section of the paper.

In the Sampling section of the Methods, please report how many eligible MLs, DMOs, and supervising surgeons the sample was selected from.

- Thank you for the comment. Due to severe staff shortages in Zambia and a major change in responsibility for staff deployment in 2012-13, from the Ministry of Health to the Ministry of Community Development, Mother and Child Health (MCDMCH), we did not have the comfort of selecting study participants. We included all eligible MLs who undertook the COST-Africa training (1st part of the intervention) and were deployed to work in DLHs around Zambia. At the provincial level there was only one specialist to work with in every central hospital recruited for the project, so we had to work with that individual. This is now reflected in the ‘sampling’ section of the manuscript.