Reviewer’s report

Title: Evaluation of a maternal health care project in South West Shoa Zone, Ethiopia: before and after comparison

Version: 0 Date: 10 Jul 2016

Reviewer: Joseph deGraft-Johnson

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Many organizations implement programs to improve maternal and newborn care but very few attempt to publish their experience. It is good to review this article that shares the finding from such a program. More such implementation research papers are needed. Below are some recommendations to assist in improving the paper and making sure information that might be relevant of interested readers are incorporated:

1. For the background information you might consider using a more recent data source - the Ethiopia mini-DHS 2014 report. The values are not that different from what is reported in the current paper but citing recent data is always preferred. It can be found with this link:  http://www.unicef.org/ethiopia/Mini_DHS_2014__Final_Report.pdf

2. Page 6: The description of maternity services on this page has to be expanded to include expected MNH services offered by the health post. The HEWs at the HP play significant role in the mobilization of women for ANC, delivery and postnatal services. They also offer some ANC and PNC services including pregnancy forum for ANC clients and PNC home visits. It is important for readers to get a comprehensive picture of the MNH services. Also provides the context for discussion of the observed low PNC and how it could be improved.

3. Under the "Description of the project," only "maternal health care" is mentioned, was there inputs for newborn care. If the technical and material input provided covered both maternal and newborn care, it is important to make this explicit in the description. It would be important to readers, particularly, program managers to get a bit more information on the project activities. Information on how supervision was improved and HEW refresher training conducted - on-site versus off-site or mixed, etc. There is also mention of free ambulance service - what input was specifically provided by the NGO given that the Ethiopia government has made ambulance available, where were the ambulance(s) stationed -- a bit more information on how the referral and ambulance system was strengthened will be of interest to the readers.
4. The authors need to address sustainability of their input particularly removal of user fees in the discussion section of the paper.

5. Need to correct the statement about "setting up" "village health committees." To the best of my knowledge in Ethiopia the government has developed its own community mobilization structure and all projects are mandated to work with these structures so I question the statement that village health committees were setup. I am not doubting the statement the Kebele Command Posts were strengthened but it is important to provide the correct information recognizing the contribution of this platform that the government has created.

6. Page line 59-60: Change phrase "..who delivered two years preceding each survey" to "who delivered within two years preceding each survey" This comment applies to line 14-16 under "data collection" too.

7. Sample size -- "additional file 1" referred to but not part of the document reviewed

8. Page 9: "Outcome variables:" Not sure why the author selected receipt of PNC within seven days as the indicator to use but would recommend that they use the crucial period of PNC within 2 days. The value might be low but if the goal is to track key indicators that are relevant for saving mother and newborn lives then using 2 days would be better indicator.

9. Under "Discussion" the authors states that "this evaluation suggest that strengthening HCs to provide delivery services is an effective way of scaling up coverage" This may be true but it is not the whole story, it is important that the authors mention the shift in government policy to have all deliveries occur at the HCs. This shift occurred during the later period of their project and could have contributed to the observed increase in coverage so it is important to include this in the discussion. In 2015 I visited some HCs where based on expected number of deliveries facility delivery coverage has increased to over 70% (per the facility report)

10. The authors attempt to explain the "lack of significant change in four ANC visits" under "Discussion" section line 56 to line 8 (the line numbering reset to 1 later in this section) but their explanation was not clear. I would recommend that it be deleted or rewritten to be clearer noting that all the women surveyed had completed their pregnancies so all their ANC care practices were captured.
11. Lines 29-40 under "Discussion" needed to be rephrased to capture the government of Ethiopia community-based strategy to improve PNC which was developed with associated implementation plan in 2012. Instead of stating that "The current strategy whereby a mother and her baby are required to visit health facility..," the authors should consider rephrasing this statement what the government is currently doing based on its community-based newborn care package which requires mother and baby to be visited at home by HEWs within 48 hrs

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