Reviewer’s report

Title: Increasing utilisation of skilled facility-based maternal healthcare services in rural Zambia: The role of Safe Motherhood Action Groups

Version: 1 Date: 04 Jan 2017

Reviewer: Prisca Zwanikken

Reviewer's report:

An interesting article: it is good to study the role of the SMAG and how people perceive the achievements of the SMAG.

A few major comments:

Half of the persons who answered were SMAG members, who were actually evaluating their own work - it would have been better to discuss in the results how this (i.e. social desirability in answering) may have influenced the results; if all SMAG members agree they perform well, then very quickly the number becomes "most". It seems more than an evaluation of SMAG by SMAG. It would be better to disentangle, compare and contrast the responses from the SMAG members, the health staff against the husbands and wives. In some findings this was somehow done, in others not clearly.

A basic question remains whether one should start with setting up SMAG's if the health services are not able to cope with the created increased demand. A rapid appraisal of the health centres could have shown already a number of issues at service delivery side. It is not clear from the article whether services were also improved at the same time when the SMAG were created. The question is then, whether to start creating demand, and disappoint people, or improve services. It would have been great to study the role of the SMAG in the advocacy for better services, as apparently that is needed. Apparently services were not (yet) improved: the community (and SMAG) members complain: the TBA even help in the delivery at the health centre, while the TBA's are supposed not to do any delivery any more, and a number of other issues (nurses complaining of increased demand, no waiting homes, while mothers are told to go early and wait in the waiting homes) show that there are contradictions, and that the SMAG members try, but are very limited in what they can do. It would have been better to elaborate and discuss this contradiction arising from the data, and discuss in the discussion also what the role of the SMAG could be in such a case.

P 18: mentions sociocultural norms - what norms could have been more elaborated: for example issues around position during delivery, what to do with the placenta and other issues impeding women to go to health centres, only very few are actually mentioned.
The first author is working in the District where the study was conducted. It seems he may be the District Medical Officer and possibly also the DMO under whose responsibility this SMAG program was introduced in 2012. This may influence the findings, esp the answers from the health staff, but also others. It would be better to clarify this.

A few factual comments:

P 5- line 14- is not only perceived poor quality, but low quality as such, as the authors evidence in the discussion

p 18: Ref 5, 9 are no WHO reports

Table: is income - per what time frame: month?

Table: Mean number of children: a number is mentioned in brackets, but what is this number?

If the authors address these comments sufficiently, then the article can be published.

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I have been in the opponent committee of the PhD of the first author; a draft of this article was part of the PhD.

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