Reviewer’s report

Title: Inadequate programming, insufficient communication and non-compliance with the basic principles of maternal death audits in health districts in Burkina Faso: a qualitative study

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Reviewer: Matthias Borchert

Reviewer's report:

1. This is an interesting paper on an important topic. For a qualitative study, the number of interviewees is rather high (n=73), but it becomes usually not clear, whether findings are based on the views expressed by a few, many, most or almost all interviews. Some semi-quantification would be useful.

2. There is an inconsistency in the title - on the cover page, it reads "… basic principles of audits …", on the manuscript, it reads "… basic principles of maternal audits …". In fact, the audits dealt with in this paper are maternal death audits - this should be made clear in the title.

3. "And these deaths … adequate care" Since the paper is about clinical audits, I don't think it is necessary to refer to Thaddeus' and Maine's three-delays-model - what is the relevance of the 1st and the 2nd delay?


5. "should be more or less regularly scheduled between one and three months" - consider replacing by "should be regularly scheduled with an interval of one to three months"

6. "communication before and after audits is also important to be observed" - not clear: who should observe whose communication? Replace by "communication with|between x and y before and after audits is also important"?
7. "Feedback of clinical audit … should be required" - consider replacing by " … is required" or "should be provided".

8. "operational level of the health system consists of 63 functional health districts" - I am not quite sure what "operational" should mean in this context, but surely health centres, regional hospitals etc. are operational (i.e. working properly) as well?

9. "Some health districts have no district hospital … and refer patients to the second level of care" - this may be correct but could lead to the false impression that ONLY such districts refer to the 2nd level of care: other districts refer as well to the regional hospital when specialist care is needed or when the district hospital is temporarily not working

10. I have not understood the sampling strategy. What does "sampling based on the notification of maternal deaths, on statement in reviews in 2014, on in-hospital maternal mortality rate in 2013" mean? Is this one stratifying variable or are these several? If it was one (with "minimum, average or … maximum" being its three values) and location (with two values, "rural or urban") was the other one, I don't understand how this could result in five districts to be selected - three times two makes six.

11. "The guide was developed based on the main themes, sub-themes, and following levels:" what are main themes, sub-themes, levels?

12. The recruitment of the interviewees is unclear: "it was firstly the collection of the general data that guided the selection of respondents" - those who can provide the basic facts of the health facility are not necessarily those most knowledgeable of the maternal death audits, are they? What were inclusion and exclusion criteria, and what was their rationale - how comes only 19/73 interviewees participated in an audit in 2014? How were interviewees selected when there were more eligible individuals than elected ones?

13. "health facilities were numbered in form of Cx (C = case or facility, x = number of the case C, x ranging from 1 to 7)." This sounds complicated - would it not be good enough to just say "health facilities were numbered from 1 to 7"?
14. "Vertical analyses were then performed." What does that mean? My anthropologist colleague did not know either …

15. Table 1 and 2 are partially not readable - text is cut.

16. The following quote is not clear: "People are not happy, but with good reason" - who is not happy - those who participate in the audits or those who don't, and what are the good reasons for not being happy? If this is clearer to the interviewer, additional explanation should be added - or the sentence should be dropped.

17. "The charter … was found only in 5 facilities … and properly used in only one of them" - how did the improper use look like?

18. "Nominative attendance lists were not found …" - what do you mean by nominative?

19. "NHPHF, CUS, TUS" - are these acronyms really necessary? They are hardly used in the manuscript after their introduction.

20. "So, the spirit advocated in the international guide on auditing according to which the presentation of audit findings must be made was not respected." - when referring to the spirit, is this a result or a discussion point? Anyway, I don't understand how you have come to this conclusion - from what you wrote before it appears that audit findings have been presented?

21. The structure of the results section should be improved. The (non-)use of the charter is reported a first time in lines 295 ff, then again in lines 322 ff - such back and forth should be avoided.

22. "Compliance with all the standards of use of the Charter" - what are these standards?
23. "in a third of health facilities (C4 and C6)." - there are so few health facilities that it would be better to say "in two health facilities".

24. "no shame principles were not respected" - I am not sure that the example for the violation of the no-shame principle is valid. I understand that sometimes, a health worker involved in a maternal death becomes ashamed of him- or herself - that is different from being shamed by other member of the audit team: "Self-shaming exists...". Not shaming anybody does not prevent people feeling ashamed of themselves … What the example does show, though, is that even when the "no name" principle is respected, the identity of a health worker involved in a maternal death can be known to other members of the audit team nevertheless - particularly, I assume, in a relatively small health facility like a district hospital.

25. "There is no blame as such but we question" - it would be interesting to know where that doctor draws the line between "blaming" and "questioning".

26. "The programming of the audit session was inexistent or irregular in most of the facilities as noted Hamersveld et al. in Tanzania in 2012 [26]." - consider replacing by (provided that is what you meant): "The programming of audit sessions was inexistent or irregular in most of the facilities participating in our study, as noted by Hamersveld et al. for Tanzania in 2012 [26]."

27. "According to Borchert et al.’s studies in Benin on the "near miss review", to Hofman in Nigeria and to Richard in Burkina Faso in a situation of experimentation or specific interventions, the situations were different [12,14,15]. Audit sessions were regular in the month after the admission of the case [12,14,15]. This is closer to the standards [4,8,9]." Consider replacing by: "This was in contrast to the findings of Borchert et al. in Benin on "near miss reviews", to Hofman in Nigeria and to Richard in Burkina Faso in contexts of experimentation or specific interventions: audit sessions were conducted regularly in the month after the admission of the case [12,14,15], which was closer to the standards [4,8,9]."

28. "Thus, audit sessions have to be spontaneous in order to improve the quality of care often neglected." - it is not quite clear what "often neglected" refers to - and did you really mean to say that in order to improve quality of care, audit sessions must be spontaneous, i.e. they should not be planned for?
29. Why do audit sessions require "financial support for participants"? Provided the sessions take place during work hours and do not require travel - what exactly is that financial support needed for? Please discuss whether in your view the lack of financial support (by whom) is a valid reason for not doing audits.

30. "Therefore, contrary to what the study showed, presentation should aim to involve as many essential actors as possible to contribute for looking for solutions to the problems identified and their implementation" - consider replacing by (if that is what you mean): "Contrary to what our study found to be common practice, audit results should be presented to as many essential actors as possible, so that they can contribute searching for solutions and overseeing their implementation."

31. "…where the vast majority of respondents were supportive" - what does this mean? Were they supportive of the principles of good practice of clinical audit you mentioned before, or did they behave in a supportive way during the audit sessions?

32. "…presenting modules and conducive professional environment with the respect of the principle of principle of the confidential medical information were identified as key elements that facilitated confidentiality." - not clear

33. "…were announced as predisposing factors for identifying care provision teams and those of deceased women in some facilities" - not clear

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