Author’s response to reviews

Title: Evaluation of the maternal deaths surveillance and response system at the health district level in Guinea in 2017 through digital communication tools

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Author’s response to reviews:

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The Editor,

Reproductive Health (REPH)

Dear Editor,

Subject: Manuscript entitled "Evaluation of the maternal deaths surveillance and response system at the health district level in Guinea in 2017 through digital communication tools"

REPH-D-18-00355

We are grateful to you and the Reviewers for the comments and suggestions provided on this manuscript.

We have reviewed each of the comments and questions and have revised the paper accordingly. We feel that the paper has improved as a result of this peer review process.
Please find for your kind consideration the following:

Below, we provide a “point by point” response to the comments and questions of the Editor and Reviewers. The comments and suggestions are highlighted in bold font followed by our responses in italics.

All changes have been included in the revised version of the manuscript.

Yours Sincerely,

Dr Tamba Mina MILLIMOUNO

On behalf of co-authors

POINT BY POINT ANSWERS TO REVIEWERS’ COMMENTS

Reviewer #1#:

1. Alignment of title with study aims and purpose

The title, aims, methodology, results and conclusion need to be aligned to enhance the coherence of the content in this article. The title of the article states "Evaluation of the MDSR System at the health district level in 2017 through digital communication tools". According to the abstract, the aim of this paper reads as follows "To identify the strengths and weaknesses of the MDSR system at the health district level and propose solutions". This aim eliminates the digital communication tools component as stated in the title. Furthermore, the Page 1, line 58 of the manuscript states that the purpose of this study was "To highlight that [how] digital [communication] tools can be used to rapidly evaluate an intervention at the health district level, assess the MDSR system at the health district level in Guinea to identify strengths and weaknesses and propose solutions for improvement. In my opinion, the plausible aim of the study would be "to explore how digital communication tools can or were used to evaluate the MDSR system at the health district level in 2017" or something along those lines!

✓ We thank the Reviewer 1 for these comments and suggestions that we agree with. We have updated the study aim as follows in the Manuscript: “This study aims to explore how digital communication tools can be used to evaluate the maternal deaths surveillance and response (MDSR) system at the health district level in Guinea”. (Page 2).

2. Establishing a coherent study aim would also greatly help to align the methodology, results, discussion and conclusion sections of the manuscript. In other words, it would help focus the methodology to describe how the digital communication tools were used to
achieve the study objectives. It would also help to align the reporting of the results to show which digital communications tools enabled the researchers to get the findings they got, discuss these tools further and conclude accordingly.

✓ Based on the change made to the study aim, we have reviewed the manuscript to align the methodology, results, discussion and conclusion sections accordingly.

3. Page 4 line 50- Page 5 line 55 could be moved to before the methods section (End of line 13 page 4 would be an ideal place for this content). In their current position, they seem to just crop up from nowhere!

✓ The overview of the project “Mobilization 2.0” and District.Team have been moved to before the methods section as suggested by Reviewer 1.

4. Page 5 line 30, "open interaction" instead of "opened interaction"

✓ “opened interaction” has been changed by the correct expression “open interaction” (Page 4, line 22)

5. Currently there is absence of coherence between the elements covered under the methods sections. It should flow coherently from describing the study design, setting, study population, sampling, data collection methods, analysis and ethical considerations.

✓ We have now aligned the elements covered under the methods section as follows: study design, setting, study population, sampling, data collection methods, analysis and ethical considerations (pages 5-8)

6. Study population and selection (Page 6). This section could be rewritten to highlight more details on the sampling procedure for the 38 DMOs that were contacted via e-mail. Lines 9-11 need to be edited and moved accordingly. The reporting of the 23 DMOs that took part in the study is a result/finding while the bit on voluntary participation belongs to the ethical procedures of the study that have not been described in detail in this study. Thus, the authors need to provide additional details on how potential study participants were sampled and recruited into this study as well as the ethical procedures followed

✓ We have rewritten the study population and selection section (page 7)

✓ We then edited lines 9-11: the reporting of the 23 DMOs that took part in the study has been moved to the results section (Page 8) and we have also described the ethical procedures followed in this study (Page 8).
7. Conceptual framework. This section could be rewritten, and the conceptual framework revised to highlight how the digital communication tools were used to facilitate data collection under each of the WHO criteria. In other words, the conceptual framework would highlight the Theme/Criteria, Individual Components/Elements and Digital Tools Used to collect data. Regarding re-writing this section I would suggest that this section is edited as follow; "To guide the data collection and analysis, this study adapted the WHO criteria for exploring the organization and implementation of the MDSR at the health district level. These criteria......

✓ We have rewritten the methods section to show how the digital communication tools were used to conduct the study. This section has been introduced as follows: “A conceptual framework was adapted based on the World Health Organization (WHO) criteria for exploring the organization and implementation of the MDSR at health district level [6]. These criteria are organized into four cyclic stages of the MDSR: i) Identification and Notification; ii) Review; iii) Analysis and Interpretation and iv) Response and Follow-up (Table 1). We then used the District.Team approach for the study design, data collection and analysis followed by an online discussion forum” (Page 5)

8. Page 7 line 42, It is statistical analyses not "analyzes"

✓ We have corrected the word “analyzes” by the correct one “analyses” (page 8, line 2)

9. Results: The section that describes how many DMOs participated in the study as well as the response rate belong here. "Out of the 38 DMOs contacted via e-mail, 23 responded and participated in this study. This represents a response rate of 61%.

For coherence purposes, this section could be written highlighting how the digital communications tools facilitated or enabled the authors to generate the study findings reported. Aligning these to the conceptual framework would enhance the comprehension of the study findings.

✓ We have reformulated the presentation of results as follows: “Out of the 38 DMOs contacted via e-mail, 23 responded and participated in this study, representing a response rate of 61%. During the follow up of the questionnaire filling, almost half (30%) of the respondents were mobilized by e-mails, 10% by phone short messages and 21% by phone calls. In the online discussion forum, 28 respondents (23 DMOs and 5 health actors from regional and central levels) posted 58 messages related to the understanding of the MDSR weaknesses in Guinea and improvement solutions. Through these digital tools and following the conceptual framework, we evaluated the organization and implementation of the MDSR which results are respectively summarized in Tables 2 and 3” (Page 8).
10. Page 9 line 28 "a" maternal death review committee
   ✔ The correction has been made (Page 10, lines 7-8)

11. Page 10 line 14, it may be helpful to break the sentence into two that is; "In 2016, on average, less than half (45%) of recommendations of review committees were actually implemented at the district level. Only 15% of the districts implemented all recommendations of the review of maternal deaths (Table 3)."
   ✔ The sentence mentioned in the text above has been broken into two in the manuscript as suggested. (Page 10, lines 1-2)

12. Page 10 Line 26, the R in response should be r!
   ✔ The R in response has been corrected to “r” (Page 11, line 7)

13. Page 12 line 40, "Engagement" rather than organization of the community in mutual health or {health initiatives) would read better
   ✔ This sentence has been revised as follows: Engagement of the community in mutual health (Page 13, Table 3)

14. Page 12 line 59, "Insuffisance d'informations sur le fonctionnement du système MDSR" needs to be translated to English
   ✔ This sentence has been translated in English as follows: Lack of information on the functioning of the MDSR system (Page 13, Table 3)

15. Page 13 lines 6, Participants (HDMTs, Actors of the intermediate and central levels) [in] instead of (to) the online discussion proposed solutions to improve MDSR in Guinea.
   ✔ This sentence has been reformulated as follows: Participants in the online discussion forum proposed solutions to improve the MDSR in Guinea including the following: (Page 14, lines 2-3)

16. Page 13 lines 11-60, It would be a great idea to include some verbatim quotes from your study participants. However, this depends on whether they consented to have their responses used for this purpose during their recruitment process.
The section “Solutions to improve the MDSR system” has been revised and we have included some verbatim quotes” (Pages 14-16)

17. Page 13 lines 16-28 are not so clear.
   ✔ We have taken in account this comment and made clear the paragraph in question (Pages 14)

18. Page 13 line 21, it is right not "rights"
   ✔ We have deleted the sentence which contained this word from the section “Solutions to improve the MDSR system) during the overall revision of the said section.

19. Discussion: Overall, there is a lack of coherence in the presentation of the discussion. It also needs to be aligned with the study title, aims, methods and results. Given a comprehension of this study, this section would have explicated your opinion on whether digital communication tools can used to rapidly evaluate an intervention at the health district level based on the results presented above. It would emphasize how combination of the said digital tools enabled you to assess the organization and implementation of the MDSR, identify the strengths and weaknesses as well as generate solutions. Additionally, it would highlight examples of usage of these digital tools for similar or related purposes elsewhere. Finally, it would benefit readers to read about the shortcomings of these digital communication tools.

   Transitions from one component of the study to the next would also enhance the readability of this work. For example, transiting from the digital tools to the outstanding MDSR challenges a paragraph such as the one below would be helpful;

   "Despite the feasibility of digital tools in assessing/evaluating the MDSR system at a health district level, major challenges still abide. These include; inadequate human resources; undocumented maternal mortality ratio, maternal deaths etc."
   ✔ This section “Discussion” has been rewritten (Pages 16 and 19). Transition from the digital tools to the outstanding MDSR challenges exists now as follows: Despite the feasibility of using digital tools in assessing/evaluating the MDSR system at a health district level, major challenges still abide. These include poor implementation of guidelines, inadequate human resources, undocumented maternal mortality ratio, non-review of all maternal deaths and lack of response actions (Page 17, lines 19-22).

20. Page 14 line 9, I think this could do well in the conclusion section
We have moved the following sentence from the results section to the conclusion section in the Abstract and has been reformulated as follows (Page 2, lines 20 to 21): “Moreover, the findings of the evaluation conducted will help stakeholders (starting from the health districts themselves) to design strategies and interventions for an effective MDSR.”

21. Page 14 line 31, recommendations would do better instead of "recommended directives"

✓ “recommended directives” have been changed by “recommendations” (Page 16, line 7)

22. Conclusion: This needs to be revisited to align with the study aims, and results.
✓ The conclusion has been revised and now aligned with the study aims and results

Reviewer #2#:

1. This is a very important study that could benefit from better discussion and succinct presentation of methodology and findings. The authors need to better set the scene, describe the standard, cut out discussions not relevant to the subject, improve of the flow of the information linking it to the MDSR process.
✓ We have edited the discussion section and cut out the not relevant discussion to the subject. We have also improved the flow of the information linking to the MDSR process. (Pages 16-19 )
✓ The presentation of the methodology, findings and discussion as mentioned in the text above are now improved from our humble perspective.

2. In most instances one is not clear whether identification and notification is done at facility or District level
✓ Results: The section on the identification or notification of maternal deaths has been reformulated and we have now made it clear that these activities are done at health facilities (Page 9, lines 15-23; page 10, lines 1-3).

3. In most instances one is not clear, If there are MDSR committees at facility and at District level
We have made it clear that we are talking about MDSR committees existing at health facilities and district level. (Page 10, lines 7-15)