

Author's response to reviews

Title: Improving quality of reproductive health care in Senegal through formative supervision: results from four districts

Authors:

Siri Suh (ssuh@msh.org)
Philippe M Moreira (pmoreira@msh.org)
Moussa Ly (mly@msh.org)

Version: 2 **Date:** 23 July 2007

Author's response to reviews: see over

July 23, 2007

Dear Dr. Dal Poz:

I am pleased to submit the revised version of our article on formative supervision, an innovative approach to supervision that has improved some aspects of reproductive health services in selected areas of Senegal. We believe improving the quality of reproductive health care is essential to reducing mortality and morbidity among Senegalese women and girls. Our data suggest that formative supervision is a promising approach that benefits both health providers and communities. We hope that the lessons drawn from MSH's experience in Senegal can be shared and will be used to develop and improve the application of innovative supervision approaches for reproductive health in developing countries.

Although the reviewers' comments have been addressed in the manuscript, we wish to use this opportunity to respond directly to each comment as necessary in order to facilitate secondary review. Please find below the responses to each point raised by the reviewers in italics.

Reviewer 1

1. Is the question posed by the authors new and well defined?

The paper is very relevant. Joint problem solving, immediate feed back and communication between supervisor and provider is the corner stone for quality in health care services. The aim of the study is clearly presented.

2. In the introduction, the authors' mentions about challenges to improve reproductive health outcome in the developing countries still remains despite the progress made. One will want to know: which outcomes are the authors talking about? Are these outcome the same as the ones' supervised?

We have specified remaining challenges in reproductive health: unmet need for modern contraception, maternal mortality, skilled care at birth and HIV infection in women and girls. The formative supervision approach is designed to assess and improve service quality for all reproductive health care services.

3. On the methodology it could be useful to have sections with study design, study population, sampling technique, inclusion and exclusion criteria, data collection tools, data collection procedures and data analysis discussed separately for easy reading.

We have divided the methodology on service quality into 4 sections: 1) Health districts included in the study, (2) Areas of service delivery included in the study, (3) Selection of facilities and (4) Checklist analysis.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? This section also needs to be improved; only important findings should be given as the rest are presented in the tables.

We have revised this section so that it highlights only the most important and the most striking findings.

5. Are the discussion and conclusion well balanced and adequately supported by the data? Yes the discussion and the conclusion are balanced but unfortunately not supported by even a single reference.

We have added a reference to the discussion section on intermittent preventive treatment of malaria in pregnant women from the Senegalese Ministry of Health. The discussion and conclusion sections are grounded in experiential knowledge derived from programming of formative supervision.

6. Do the title and abstract accurately convey what has been found? The abstract is focusing on "quality services" using formative supervision approach. The word quality services is not reflected in the abstract.

The title has been changed to: "Improving quality of reproductive health care in Senegal through formative supervision: results from four districts."

7. Is the writing acceptable? Need some correction, especially in the referencing format. Usually a dot comes after the reference number and not before it.

All periods are now placed after the reference numbers.

Reviewer 2

1. The details of the formative supervision intervention are outlined in the introduction. The method section gives details of the evaluation approach. These need to be reconciled as the title gives the impression that what is being described is the intervention – but the reader loses sight of the intervention and is distracted by the evaluation.

We have reorganized the article to provide a better balance between the description of the approach and the evaluation. In the background sub-section titled "The formative supervision intervention in Senegal," we describe how the approach was developed, where it was pre-tested, and where it was implemented. Table 1 shows where formative was implemented between 2003 and 2005. The following section describes the tools used in formative supervision. The methods section describes how we evaluated formative supervision in a total of 45 health facilities.

2. Currently it is not easy to decipher where, and in how many places, this work was carried out. Plus a clearer distinction needs to be made between piloting areas and areas included in evaluation. It appears that evaluation tools were adjusted between pilot and main study (as expected), yet pilot results are included in the main conclusions.

The section on methodology used to assess service quality has been revised. We have divided this section into subsections that describe the health districts included in the

study, the areas of service delivery included in the study, and the health facilities included in the study. In addition, Table 3 displays the health facilities included in the analysis for each area of service delivery according to type of facility and region. Table 1 shows where formative supervision was implemented between 2003 and 2005 (a total of 323 health facilities). The results provided in the study are from 45 facilities that received a second supervision visit in 2005.

3. Researchers were able to complete the intervention exercise in very few places. This makes the results very hard to generalise – what were the differences between complete and incomplete intervention areas that bias interpretation?

In the discussion section, we urge caution in generalizing the results to other facilities because our sample was not selected randomly and because the sample size is small. The challenges involved in implementing formative supervision are also noted in the discussion section, namely fluctuations in client flow and frequency of supervision.

4. The discussion states that the two evaluations took place with different evaluators and sometimes different health workers were in place in facilities. Again, this introduces a very serious bias into the study.

This bias is acknowledged in the discussion section. Evaluation teams were composed of district and regional health officials. Due to changes in appointment or scheduling conflicts, the composition of the team may have changed between the two visits. Similarly, in some health facilities a different health provider may have been evaluated during the two rounds of supervision due to unforeseen absences or assignment to a different facility.

5. No discussion is made of possible difference in socio-economics between the districts – perhaps (particularly for community involvement) this would be a confounding factor?

Unfortunately, we did not undertake a socio-economic analysis of the districts included in the study and therefore are unable to speak authoritatively on this issue. This would be a fascinating topic for future study, in conjunction with the additional research on assessing community participation in evaluating and improving service quality that is recommended in the discussion section.

Thank you for your consideration. We look forward to your response.

Sincerely yours,

Siri Suh, MPH
University of Michigan Population Fellow
Management Sciences for Health
784 Memorial Drive

Cambridge, MA 02139
E-mail: ssuh@msh.org
Telephone: 221 869-1476
Cellular: 221 507-8488