

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Emerging role of traditional birth attendants in mountainous terrain: A qualitative exploratory study from Chitral District, Pakistan
<b>AUTHORS</b>	Shaikh, Babar; Khan, Sharifullah; Maab, Ayesha; Amjad, Sohail

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Ramesh Kumar Health Services Academy Pakistan and Chulalongkorn University Thailand
<b>REVIEW RETURNED</b>	07-Aug-2014

<b>GENERAL COMMENTS</b>	Needs to add limitations of the study other than generalization.  Discuss about tool if author have used during the study.
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<b>REVIEWER</b>	Mohammad Salim Wazir Department of Community Medicine Ayub Medical College Abbottabad Pakistan
<b>REVIEW RETURNED</b>	13-Aug-2014

<b>GENERAL COMMENTS</b>	The paper explores important areas of public health and the study was worth doing.
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<b>REVIEWER</b>	Muhammad Ahmed Abdullah Shifa College of Medicine, Islamabad, Pakistan
<b>REVIEW RETURNED</b>	22-Aug-2014

<b>GENERAL COMMENTS</b>	The paper discusses an important public health issue, while paying special attention to context. The issue of employing traditional birth attendants in the mainstream health care provision workforce is a pivotal one. The paper explores this significant problem. A bit more detail about the data collection and the process involved in the fgds and kis would improve this paper. A list of abbreviations is also required.
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<b>REVIEWER</b>	Christiana Titaley Center for Health Research Universitas Indonesia
<b>REVIEW RETURNED</b>	04-Sep-2014

**GENERAL COMMENTS**

The research question posed by authors regarding the role of traditional birth attendants is important particularly in remote areas with shortage of health care services. The manuscript is clear and well-written. There are few suggestions to improve the manuscript further.

**Methodology**

- In total there were only 40 informants (33 in FGDs and 7 in KIIs). How were these informants selected from the whole district? Did researchers only focus on some parts of the district?
- Was 1 FGD for each group of informants enough to reach saturation point?
- Why were there only 5 TBAs in the FGD? I do not think there will be sufficient interaction for a FGD.
- Adding footnote to defined all the abbreviations used in Table 1 & 2 will be helpful to make the table self-explanatory.
- What does 'area' mean in Table 1? Is it village? Please clarify. How informants were selected from all different areas?
- Authors have triangulated information from different sources. This should be mentioned and discussed briefly.

**Results**

- Authors stated that despite the presence of skilled birth attendants under MNCH program, large proportion of the deliveries is still attended by TBAs in Chitral District. However, the results suggested that TBAs and CMW have been collaborated well and deliveries were mostly assisted by both CMW with some help from TBA. Do authors have results showing that TBAs are still the main birth attendants in these areas? If yes, pls include this in the results. If no, authors need to discuss why there was some differences.
- There are some overlapping issues between "linkage of TBAs with formal health system" and "role of TBAs in supporting obstetric care."
- I find sometimes how structure citations to back the statements is confusing, e.g. linkages and coordination mechanisms amongst TBA and CMW, there are nine different responses (citations) from different type of informants. Authors might need to restructure this citations and group then to make it easier to follow. Please check other parts as well.

**Discussion**

- Authors might want to start the Discussion by showing the main findings to answer the research questions.
- Authors have not discussed the fact that most of deliveries were still attended by TBA. What can be done to increase deliveries attended by skilled attendants and at the same time encourage TBA to be involved and supportive towards the MNCH care? What can be done in cases of which TBAs did not want to include a CMW during delivery process?
- Authors can include suggestions to improve linkages and partnership since the results still show that some TBA perceive CMWs as rivalry.
- Authors mentioned that training and monitoring are important to minimize malpractice. How should the training and monitoring be done? What will be the best mechanism?
- What can authors suggest regarding the payment system for TBA? What will be the potential mechanisms and how should it be done particularly if TBAs are encouraged to play an active role in MNCH care?

	<p>Strengths and limitation of the study</p> <ul style="list-style-type: none"> <li>• I don't think the strength mentioned by authors are fully related to the topic as the manuscript does not talk about the decision making progress for health seeking behavior.</li> <li>• Did the selection of informants in this study subject to any bias since only health workers who were exposed to AKHSP and government (who recruited them) were invited as participants?</li> </ul>
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### VERSION 1 – AUTHOR RESPONSE

Abstract has been structured as suggested.

Limitations have been added, edited and revised as per 2 reviewers' suggestions.

More detail on data collection , participants of study, conducting of focus group discussions, and questions in interview guide are added.

Acronyms have been checked again and no abbreviation is now left unexplained. BMJ guidelines does not permit to add a list of abbreviations, as such.

Study participants were selected purposively, and there was no aim to reach a saturation point as such because study was time constrained. AKHSP and government staff helped in identifying the right participants. Why few TBAs participated? Because most of them live in far flung remote valleys of the district and could not participate either due to travel or family constraints.

In Table 1, area means village (clarified).

Results edited again to respond to reviewer no 4 queries.

Discussion edited to respond to reviewer no 4 observations.

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Christiana Titaley Center for Health Research Universitas Indonesia
<b>REVIEW RETURNED</b>	16-Oct-2014

<b>GENERAL COMMENTS</b>	<p>I appreciate authors for the improvement of the manuscript. There are only few suggestions to improve the manuscript further.</p> <p>Abstract</p> <ul style="list-style-type: none"> <li>• I suggest authors to use the objective stated at the end of the Introduction Section, i.e. "to identify the role of ....." The objective authors written in the Abstract Section might not be the direct objective of the manuscript and more of the objective of the whole research.</li> <li>• Participants: 4 FGD, did authors miss CBSG group here?</li> </ul> <p>Methodology</p> <ul style="list-style-type: none"> <li>• Authors mentioned that the use of a participation diagram in FGD will ensure that all participants must speak on each question. Please elaborate.</li> </ul>
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	<p><b>Results</b></p> <ul style="list-style-type: none"> <li>• I suggest authors to remove the first sentence under "Linkage of TBAs wit formal health system" as this is very similar to the second sentence under "Role of TBAs in supporting obstetric care"</li> <li>• The paragraph under "Linkages and coordination among TBAs and CMW" has several main ideas. Authors might want to consider splitting the paragraph into at least two paragraphs and then reorganize the citation based on the idea of the paragraph. This will improve the clarity of the text.</li> </ul> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>• I still think that having the main findings in the first paragraph is important. This can be guided by the objective stated in the manuscript. For example: authors might want to briefly mention the role, partnership and livelihood of TBAs as specified in the objective statement.</li> <li>• I agree with authors that training and monitoring of TBAs on MCH is important. Can authors elaborate more? Who should train them? How should the training conducted?</li> <li>• In some settings, there are some hesitation to train TBAs since they might think that after the training they will be capable to attend deliveries without the help of workers. What can authors suggest to prevent this?</li> <li>• Authors talked about the benefit of participatory monitoring. Authors might want to explain more about this. How should this be conducted?</li> <li>• In paragraph 4, authors mentioned that "Where TBAs did not receive any share from the CMWs, we found weak coordination mechanisms with the formal health system". Is this something authors found in the current study? Where in the Results Section did authors mention about this?</li> </ul>
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## VERSION 2 – AUTHOR RESPONSE

Study design has been added to the title of the paper.

Abstract: objective statement has been changed as suggested.

Participants: CBSG members added

Methodology: participation process in FGD explained clearly now.

Results: First sentence under "Linkage of TBAs wit formal health system" has been removed as per suggestion. Paragraph under "Linkages and coordination among TBAs and CMW" is now been broken into two smaller ones.

Discussion: Role, partnership and livelihood of TBAs is already explained in here so putting again in first para would be too much of repetition. Training and monitoring of TBAs on MCH is elaborated more now. Participatory monitoring is explained more. Finding from para 4, ...where TBAs did not get any share from CMWs.....has been added to results in section "Linkages and coordination among TBAs and CMW".