Reviewer’s report

Title: Social autopsy: Providing evidence on failures in the pathway to survival, and increasing awareness to empower communities and engage health programs

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Reviewer: Karen Edmond

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Kalter et al. Social autopsy: Providing evidence on failures in the pathway to survival, and increasing awareness to empower communities and engage health programs
Population Health Metrics

Overall comments
This is a well written paper which addresses an important and timely issue as verbal autopsy tools are undergoing major revisions and the inclusion of a social autopsy module is currently under debate. The paper is well reasoned and balanced and makes an important contribution to the field of research. The paper does not need to be seen by a statistician. My overall opinion is that the paper should be accepted but would benefit from discretionary revisions as outlined below. In particular the paper would benefit from further explanation of the quantitative results presented in Table 1. Also the paper would benefit from a more detailed explanation of the content and field work procedures required for the administration of the maternal and child social autopsy tools. Clear references and web links to the actual tools would be most beneficial; this will also assist in expanding the use of these tools.

Specific comments

Abstract

In general, this was a clear summary of the paper. However the following items would benefit from revision.

# Paragraph 2 line 5 and line 14. A major aim of the paper is to describe the development of maternal and child social autopsies, thus the chronology of the implementation of these tools should be clear even in the abstract. However, only the chronology of the maternal death audit is clear. The same level of detail is needed for the pathway analysis (described in line 5) and the new maternal social autopsy (described in line 14). For example the authors should describe when these tools were first developed and implemented.
Introduction

The rationale, aims and objectives of the paper were clear from the introduction and background. However the following items were not clear and would benefit from revision.

# Paragraph 1 line 12. I suggest that the wording should be changed to “Two complementary objectives of social autopsy are to increase awareness of maternal and child interventions to empower ….” My opinion is that the social autopsy does not increase awareness of maternal and child mortality; the main parts of the verbal autopsy does this. I consider that a major objective of the social autopsy is to increase awareness of interventions / pathways to reduce maternal and child health. The authors also seem to imply this elsewhere throughout the paper.

# Paragraph 2 line 20. The date of development or implementation of the pathways model should be described here to help the reader understand the developmental process and contrast with the maternal health models.

# Paragraph 4 lines 3-8. These objectives are repeated and written more clearly in the discussion in paragraph 3 lines 1-9 thus there is redundancy here. I suggest that the information is cut from the discussion and that it replaces the information written here.

Methods

In general the methods were clear and well written; however the following items were not clear and would benefit from revision.

# In general, the field work procedures required for the administration of the maternal and child social autopsy tools were not clear. For example it is not clear how much time it takes to administer these tools, the cadre of health worker required for administration and if the tools allow collection of data on care seeking from more than one provider. Clear references and web links to the actual tools would be most beneficial; this will also assist in expanding the use of these tools.

# Paragraph 2 line 5. I would prefer that 5 years is written as 59 months in line with other CHERG documents.

# Paragraph 2 line 9. It is noted that only French and English articles were reviewed. This should be highlighted in the discussion section.

Results

In general the results were clear, however this section would benefit from additional explanation of the available quantitative results. Additional discussion of the results in table 1 i.e. the quantitative data before the qualitative would also be most helpful. For example, some of this quantitative data is presented in
paragraph 2 lines 1-16 of the discussion. If this is moved to the results section this will both improve the results sections and improve the flow of the discussion. In addition, table 1 provides information on the age of children studied but there is no description of the importance of knowing different age groups and the different care seeking patterns across the age groups either in the results or in the discussion.

In addition the following items were not clear and would benefit from revision

# Paragraph 1 line 4. Please describe when the pathways to survival model was first created / implemented.

# Paragraph 9 lines 1-12. The authors make reference to the CHERG documents but it would be very good if a weblink / clear reference could be provided in this paper.

# Paragraph 10 line 2. What does prefecture or provincial level mean? Is this the same as district? A description of the size of the prefecture of province would be useful.

Discussion

In general the discussion section was well written. However, it would be useful to add a paragraph on limitations of the review for example a discussion about the limitations of a predominately qualitative approach to data synthesis and the reasons why a quantitative or meta-analytic approach was not used (eg the limited number of papers). Also the fact that only English and French articles were reviewed should be mentioned.

A paragraph on the limitations or difficulties with the social autopsy approach should also be included. For example, the fact that social autopsy relies on self reports from families who have suffered a severe event should be discussed and how this may affect recall. A discussion about understanding and contrasting the social autopsy approach with assessments of care seeking for other types of health care e.g. non fatal severe illnesses, preventative care, delivery care and how the barriers and constraints vary would be useful. For example much information can be gained from understanding situations where care seeking is successful eg the “Near miss” approach.

Some discussion about the length of the social autopsy interview is also needed. The verbal autopsy interview in itself is lengthy (usually 30-60 minutes). Adding a social autopsy module to this interview can be difficult as the family are often getting tired by the end of the interview and may answer the questions less accurately. Also the family may have time pressures and may not have sufficient time to answer all questions. A case has been made for administering the two components separately for this reason.

In addition, the following items were not clear and would benefit from revision

# Paragraph 2 lines 1-16. As described above, most of the first paragraph (i.e.
lines 1-16) should be moved to the results section as this is quantitative data that hasn’t been presented earlier in the paper. This will both improve the results sections and improve the flow of the discussion.

# Paragraph 3 lines 1-9. As described above these objectives are a repeat of that written in the background section paragraph 4 lines 3-8 but written more clearly. I suggest the information is cut from here and that it replaces the information written in the background section.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.