Reviewer’s report

Title: Ready to provide care? Availability of emergency obstetric care (EmOC) among public and private health facilities in rural northwest Bangladesh

Version: 1 Date: 28 March 2014

Reviewer: Sabine SG Gabrysch

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Major Compulsory Revisions

1. Aims and objectives at the end of the introduction should be more specific and aligned with what was actually done, e.g. the comparison of public to private facilities is not mentioned there.

2. The terminology of scores, domains, component domains, percentages, readiness, coverage, etc. was not very clear to me despite careful reading. The paper would benefit from a clearer explanation of what was done exactly and what was found, both in the main text and in the abstract methods and results. What were the criteria, how were the scores combined, availability calculated etc. For example, I am still not clear why Gaibandha District Hospital was counted as CEmOC facility even though there was no 24-hour availability of surgery (results, staffing, page 11: only 2 days a week).

3. The authors chose all 7 public facilities in the area and the 7 private facilities most frequently used by women with obstetric complications (methods, page 6), covering 90% of complicated births in the area (2% were in other public and 8% in other private facilities, Table 1). In total, there are 14 private facilities in Gaibandha Sadar and 99 in Rangpur Sadar (results, facility characteristics). As facility use is known to be influenced by the quality and level of care provided, this means that the 7 chosen private facilities are likely to be among the better private facilities in the area. Looking at readiness to provide EmOC in these 7 private facilities is thus probably not a representative description of private facilities in the area. I can understand that it would have been too difficult to assess all the many smaller private providers. Nevertheless, I think this fact needs to be highlighted more and interpretation should be more careful.

4. Results and discussion focus quite a bit on comparing the 7 public to the 7 private facilities although this is not an explicit objective of the study. Given the point made above, this does not seem a fair comparison between the two types and I am therefore doubtful whether it makes sense to perform statistical tests on this (biased) sample. I definitely don’t think it is justified to draw conclusions comparing public and private facilities in general in the area. If the authors really want to do such a comparison, they should constantly highlight that they picked the 7 most frequented private facilities (covering 38%/46% = 83% of private-facility complicated births) and mention clearly that other private facilities may be of much lower quality.
Minor Essential Revisions
1. It is unclear what „surveys“ refers to (Methods page 5 and 6)
2. Page 11: Please also mention which basic functions were missing in the two BEmOC-1 facilities. As far as I am familiar with the area, facilities lacking any other of the six basic functions except assisted vaginal were not called „BEmOC“, so if you do, it would be nice to at least know exactly what the missing functions were.

Discretionary Revisions
• The word „data“ is plural, i.e. should say „these data“, not „this data“
• Explain what „updated waypoints“ means? (page 6)
• Facility characteristics: move to methods as “setting” rather than show in results?
• Page 10 (and elsewhere): Could find better term for „any level of CEmOC“?
• Page 11: It is mentioned that public sector doctors provide on-call for private facilities. Does this mean there is still on-call coverage for public facilities also? It may also be interesting to present how many doctors there are overall if those in the table are partly the same ones.
• Figure 1: legend has roads twice and rivers only for the greenish area, not the blue lines
• Table 1: It may be sufficient to mention the denominator 2909 once only in the table instead of in every single row. And why are the 3 private clinics in Rangpur summarized into one row?
• The figures may benefit from more informative labels, e.g. Figure 4 could specify what „component“ is. On the other hand, it may not be necessary to label the y-axis with „mean %“ and the bar labels with „average“ also.
• References: For those that are not normal journal papers, it would be nice to provide a weblink to enable readers to find them easily.

Level of interest: An article whose findings are important to those with closely related research interests

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