

BMJ Feedback on Manuscript ID BMJ.2018.046514
Response to peer review feedback

<i>Editorial team recommendations general to the entire series</i>	
Comment	How addressed/response
<p>Across the series, we are asking authors to include a section titled “Author contributions” - some have already done this. Please include in the section a declaration of what each author contributed to the paper, e.g. stating if an individual wrote the first draft, contributed to editing/rewriting, contributed to data collection/analysis, etc (other roles as needed)</p>	<p>We included the statement in our original submission and have reviewed it and revised it against this feedback. For the resubmission we have changed the authorship so that Sarah Simpson has moved to last author to reflect her role as supervisory author for the process. This is reflected in the statement.</p>
<p>Flow of each piece - some of the pieces have excellent flow however others don't address certain key areas or seem to 'jump around' and lack a logical flow for the reader. We suggest that pieces cover the following broad areas although each will need to be individualised and section titles modified as needed:</p> <ul style="list-style-type: none"> • Country context and "problem framing" covering the specific health issue(s)/challenges being addressed and country-specific background • Description of programme, including evidence base feeding into its development and/or evidentiary underpinnings of the programme. May include for some 'theory of change' where relevant • Impact evaluation - most of the "data" for the paper will belong here - this should cite the Methods used to develop the piece • Methods used to conduct the SPECIFIC case study evaluation should be included as a supporting information file with each individual case study - the "generic" methods for the series of 12 case studies as a whole should be dropped, as this has confused reviewers and not provided clarity regarding the approach for the individual paper they are reviewing. Note papers should stand alone and be evaluable on the basis of the information provided with each piece • Description and analysis of insights derived from this case study as to the nature of how intersectoral collaboration was achieved • Limitations and challenges - this is a key element missing from many of the articles. This could be more in terms of 	<p>We have revised the structure and flow of the piece, adapting the suggested section titles as follows:</p> <ul style="list-style-type: none"> • <i>Introduction</i> (setting the scene and what the paper covers so it is clear) • <i>Why monitoring of health services by Indigenous women is needed</i> (defining the problem and making the case for the type of intervention) • <i>Joint monitoring by ALIANMISAR and other sectors</i> (a description) • <i>From joint monitoring to change</i> (results of joint monitoring) this includes some examples of impact from joint monitoring • <i>Methods</i> – this is a brief summary of the methods and reference to the supplement (provided in the original submission) about the specific process and limitations for Guatemala. We have put the methods paragraph before the Enabling factors section so it is clear what methods we used to arrive at our analysis including challenges/limitations of the intervention. • <i>Enabling factors</i> – this is the 5 factors included in the original manuscript and weaves in the themes from the discussion in the original manuscript • <i>Challenges/limitations</i> – this better highlights challenges with ALIANMISAR and or the joint monitoring – and how they are being addressed. • <i>Conclusion</i>

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<p>"lessons learned"; "unaddressed challenges" or other framing but should highlight any key areas including, adverse effects of programming (potential or known), limitations in what data collection could be done hindering full understanding of programme effects, difficulties in achieving "success" in specific areas of the programme, factors (eg religious, cultural, legal frameworks) posing stumbling blocks to success etc</p>	
<p>We are suggesting standardised titles, stating the country in which each study was done as well as target population and the intervention goals/health issue - eg: "A multisectoral collaboration to deliver essential adolescent nutrition interventions at schools" change to "Anaemia prevention and control in adolescent girls: a school-based multisectoral collaboration in Indonesia"</p>	<p>We have reversed the order of our title to be consistent with the recommendation. It is now <i>Making the health system work by and for Indigenous women in Guatemala: a community-led multisectoral collaboration</i></p>
<p>General recommendation - use boxes/figures/tables in a consistent way - sometimes these are used to pack in far too much information (actual content of the piece) rather than to illustrate. Suggest use boxes to pick out key messages or provide a clear summary of particular piece of info eg, programme content. Tables and figures to illustrate data that is being explained in the main article.</p>	<p>We have reviewed our use of boxes and figures and changed this to be consistent with the feedback. In the original manuscript we had five boxes, and in the revised manuscript there are four. We have completely revised the content of Boxes 1 and 2 (explained under the specific feedback), included a new Box 3 to address the request for more information about the Ombudsman's Office and the previous Box 3 has become Box 4 with the text being revised.</p>
<p>Please ensure articles can be understood as standalones; references to "this series", "this case study in the series" "other case studies" have been confusing to reviewers and would probably be so to readers as well</p>	<p>We have endeavoured to do this but note that the case study was developed as one of twelve and is intended to be included in a special edition that reflects this. Therefore the last sentence of the Introduction refers to the 12 case studies as a point of orientation but that is all. We understand that an introduction to the series/supplement will be developed and that it is unclear what will be in that Introduction at this stage. This last sentence in our Introduction could be removed if required, however we thought it was important to include as a link to the others and given the intent to develop them as part of the Success Factors initiative.</p>
<p>Conflict of interest statements - this is being raised across the series as a general point, as COI declarations are somewhat inconsistent between pieces. Some reviewers have highlighted that it would probably be considered a COI for authors who are employed by, or consultant to, the programme they are describing, to be evaluating</p>	<p>We included comprehensive COI statements with the original submission, and yes followed the BMJ guidance which indicated that being an employee was not a conflict of interest. As a result of discussions during the teleconference on 19 September, we have revised the statement to reflect Susana Palma's employment as a competing interest</p>

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<p>it, and some papers have included this within their COI declaration but others not. Links to the Partners' forum are generally declared as COIs but not links with the actual work/programme that is being evaluated. Per BMJ policy (https://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests) we would ask for consistency across the series - as we were well aware of the links upfront these will not preclude publication, particularly since we are asking for pieces to be critical and self-reflective (and the self-scrutiny will be evident to readers) - however it would be appropriate for declarations to be consistent and in line with the policy.</p>	<p>– noting that her position as an employee of the USAID funded HEP+ project was made clear in the original manuscript. We have also updated her signed Competing interest statement to reflect this. All other competing interests including funding were previously declared. The completed forms have been uploaded in a folder with this submission.</p>
<p>Ethical oversight for any novel work presented in the papers - we recognise the vast majority of papers in the series are not presenting work that required ethical oversight. However for consistency across the series, it would be good for each paper to include a declaration of what ethical oversight was required for the original data collection that is reported - if none required, please state. Some papers have already done this, but it would be good for all to include it.</p>	<p>We have included a statement based on the wording in the PMNCH case study guide in relation to ethical oversight, noting that BMJ had input to the case study guide and this wording. The text was revised by PMNCH.</p> <p>“For developing this case study, formal ethics approval was not required as the analysis was a retrospective programme evaluation conducted at the policy and programme level. The case study drew on existing data and documentation with any data aggregated at the population level. To address specific knowledge gaps key informants were interviewed in relation to their professional capacity and their relationship to the programme. All data from key informant interviews and stakeholder meetings was analyzed in the aggregate and quotes anonymized.”</p> <p>We have also included the following transparency declaration:</p> <p>“As lead author and guarantor, Claudia Nieves Velásquez affirms that this manuscript is an honest, accurate and transparent account of the case study being reported; that no important aspects of the case study have been omitted; and that any discrepancies from the case study as planned (and, if relevant, registered) have been explained.”</p>

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<i>Overall</i>	BMJ Edit Team - Recommend in particular that points raised particularly by reviewer 1, in relation to the focus on indigenous rights and the global context re this, should be addressed a bit more clearly	Addressed see the <i>Introduction</i> and second section – <i>Why monitoring by Indigenous women is needed</i> as well as box 1. See for example the Introduction which now begins with the global perspective moves to Indigenous people in Guatemala, and then in the second section we make the case for the ‘problem’ for inequalities in MMR among Indigenous women in Guatemala and link the approach of culturally acceptable health services to the UN Declaration on Indigenous rights.
	BMJ Edit Team - Please also pay particular attention to reviewer 2’s points about flow, organisation and focus - she seems to highlight (final point, highlighted red below) that the balance is “wrong” and should be reversed; more attention to what the Alliance is doing and less on “management” processes	Addressed in part noting we clarified with BMJ that focus of the article is about the multisectoral collaboration and therefore needs to include some explanation about the multisectoral processes and mechanisms. We have however included a different figure 1 to give an overview of the timeline, the relationships and the topics monitored.
	BMJ Edit Team - Please note specifically the ‘general’ guidance above about limitations, challenges etc. For this piece the editorial team noted that although this article focusses on sexual and reproductive health, taking a rights-based approach, the issue of safe abortion as part of broader sexual and reproductive rights is not addressed, and it was unclear if this was part of the programme. We realise Guatemala has a legal framework which may preclude this however we do want the articles in the series to be reflective about major health challenges which they were unable to address and what the barriers were. Including a discussion of safe abortion and other sexual health services here would be valuable here even if some could not be included in the work done (if so, explain why not)	We note with the editorial team and PR2’s comments about the issue of safe abortion and its relevance to sexual and reproductive health rights. In further exchange with Dr Veitch we clarified that the editorial team felt that acknowledgement of limitations would make sense in each piece, and that the editorial team felt that this issue was ‘left hanging’ given the focus on health rights in relation to reproductive services. However, we note that the focus of this paper is not on sexual and reproductive health rights but on joint monitoring of health services as an example of multisectoral collaboration. We appreciate that in the original manuscript the focus of the paper and what ALIANMISAR does was not well explained. We have sought to address this in the revised manuscript (see other points in this our response to feedback). In particular we have sought to clarify that joint monitoring is used to improve the availability, accessibility, quality and cultural acceptability of health services for Indigenous women. And related to this that the expected impact of

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		<p>ALIANMISAR's efforts will be improved health services.</p> <p>Furthermore, given the history of Indigenous women's experience and views of abortion in Guatemala (see https://www.culturalsurvival.org/publications/cultural-survival-quarterly/mayan-women-and-politics-health) we consider it is beyond the scope of this paper to discuss and do justice to the complexity of the issue of access to safe abortion.</p>
	<p>BMJ Edit Team - The editorial team felt they needed to understand more about the Ombudsman for Human Rights in Guatemala. This takes on a prominent role in the manuscript but may be unfamiliar for many readers so the role of this body could be summarised in some way.</p>	<p>Done. We have addressed this by including some brief information in a new box (Box 3) under the section titled 'Joint monitoring by ALIANMISAR and other Sectors'. Further we note that the original manuscript included information about the role of the Ombudsman's Office in joint monitoring in Supplement 1 (this is still there).</p>
	<p>BMJ Edit Team - In general use of boxes in this piece was not that effective and for some of these, the information would be better included concisely in the main text</p>	<p>Addressed. As per earlier comments we have reviewed our use of boxes and figures and changed this to be consistent with the feedback. We have reduced the number of boxes from five to four. We have completely revised the content of Boxes 1 and 2 (explained under the specific feedback), included a new Box 3 to address the request for more information about the Ombudsman's Office and the previous Box 3 has become Box 4 with the text being revised.</p> <p>For Box 4 'Examples of changes to health policy, legislation, services and infrastructure arising from monitoring and advocacy by ALIANMISAR' (formerly Box 3) there was feedback that the impact data should focus on maternal and neonatal mortality rates. We have clarified earlier in the manuscript that the main outcomes of interest for ALIANMISAR are improving the availability, accessibility, quality and cultural acceptability of health services for Indigenous women which would ultimately contribute to improved MMR and NMR but that (a) this is not the focus of the paper and (b) to attribute a</p>

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		decrease in MMR and NMR due to ALIANMISAR's efforts would require a systematic evaluation that also looked at all contributing factors e.g. health services are one part of it and ALIANMISAR's efforts are one part of health system efforts.
	BMJ Edit Team - URLs included as resources in the article should be removed, these can be given as citations instead (URLs can be cited in the reference list)	Done. The URLs were included as separate links in the original manuscript rather than hyperlinked because we understood they would not work and that we could not include websites in the reference list. We also note that the text where URLs were used has been deleted or substantially revised e.g. original Box 4.
	BMJ Edit Team - Per general guidance for the series, explanations such as: "This case study was developed following the PMNCH methodological approach described in the methods paper elsewhere in this volume" should be changed so that methods specific to this case study should instead be cited by referring to a supporting information file that provides the methods info specific to this work. "Document review. Primary and secondary documentation and data were identified by ALIANMISAR and HEP+. That was further supplemented by searches by the international and national consultants." For most readers, it won't be very clear what an international or national consultant is. Suggest this role (document searches) can be stated in the 'author contributions' section we are asking to be included in the papers across the series - and just state 'further supplemented by document searches as described in Methods [Supporting Information]'. - It will be clear this role was done by the authors.	Addressed. We have revised our original methods paragraph and removed reference to PMNCH and methods paper. We have also revised the original supplement (previously supplement 2 and now supplement 3) outlining our specific methods for the Guatemala case study (submitted with the original manuscript) and as per original indicating limitations with the methods.
	BMJ Edit Team - Please include a standfirst	Done – oversight as not included with original manuscript.
	BMJ Edit Team - Please remove a), b), c) in subheadings	Done, please see earlier comments on restructuring. <i>In Guatemala, a community-led national alliance of Indigenous women's organizations is working to improve the</i>

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		<i>delivery of quality and culturally appropriate health care for Indigenous women through collaboration with the government (health and ombudsman largely) and international partners.</i>
	BMJ Edit Team -'Key Messages' should ideally summarise the entire paper rather than 'lessons learned'	<p>Done, this includes the original three messages and a new first message which summarises the paper:</p> <p><i>“The Alianza Nacional de Organizaciones de Mujeres Indigenas por la Salud Reproductiva Nutrición y Educación (ALIANMISAR) monitors a range of public health services in collaboration with other community-based organizations, the Ministry of Health, the Ombudsman for Human Rights and with international partners to generate evidence for improvements to the quality and cultural acceptability of health services for Indigenous women.”</i></p> <p>We have also corrected the use of any jargon e.g. advocacy asks in the original key messages.</p>
	Peer Reviewer 1 (JO) - I applaud the authors for developing an interesting and important case study. The case presents important contextual information and lessons learned about addressing Indigenous women’s health in Guatemala. The case provides strong contextual and historical information about the Alliance and provides a nice illustration of the structural, capacity and resource issues that make this a successful collaboration for improving Indigenous women’s health. This case has some good learnings for other audiences as well and hence why I think it makes a good contribution to the literature. Given the special issue guidelines and details provided about review and selection of the cases along with my review, I'm happy to recommend this be published subject to the revisions suggested. To help with the revisions of your case, I have provided comments divided among substantive and editorial areas. Overall and most importantly, I think the case could be more closely	<p>Done. We reviewed the articles recommended by PR 1 and incorporated key points in the first two sections of the manuscript (Introduction and Why Monitoring of health services by Indigenous women is needed). The Fact sheet recommended by PR1 was particularly useful (see Box 1) in explaining the specific problem in Guatemala and some of the rationale for the response e.g improving the availability, accessibility and cultural acceptability of health services for Indigenous women.</p>

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	linked to the larger literature and political context of Indigenous health which I think would help strengthen its impact. Best of luck with your future research and practice.	
	JO - Overall, I think more linkage with the larger context of health and Indigenous peoples could be made in this manuscript. For example, I think mention in the introduction and/or discussion about UNDRIP is needed (United National Declaration on the Rights of Indigenous Peoples). I also think connection to larger inequities worldwide might be helpful (e.g., Anderson et al., 2016; UNFPA https://www.unfpa.org/resources/indigenous-womens-maternal-health-and-maternal-mortality). Also, in discussion/conclusion, it might be helpful to link a bit more about these issues to other academic debates/discussions as your points connect to these larger conversations and might help illustrate concrete points (e.g., Gibson et al., 2015; Gracey & King, 2009; Oetzel et al., 2017). If word count is a constraint in including these issues, I'd cut down the boxed information or make that part of supplementary/on-line files.	Done. See previous comments. For the Introduction we drew on the Anderson reference, and incorporated the UN Declaration into the section on the rationale for monitoring by health service users.
	Peer Reviewer 2 (JG) - Thank you for the opportunity to review this paper, the Alliance is clearly a valuable and strong movement for change, however the paper leaves too much of this to the reader's imagination.	Please see previous responses on the overall structuring of the paper to provide clearer signposting through headings as well as addressing overall comments about the country context, problem framing, solution and impact. In terms of specific feedback from PR 2, see following comments.
	JG - In general I found this paper complicated to read and written in an indirect format which consistently deviates from explaining how the project may be improving indigenous women's health. The paper is also focused uncritically on the project and does not discuss limitations, potential or real health impact or consider how the project works within a wider context. While I recognise that the project is broad and complex, so therefore requires considerable detail, this could be better drawn together to	See above and following comments. We completely revised the paper and have to make it much clearer what ALIANMISAR does and bring in additional limitations. For example, in the Introduction: "ALIANMISAR is a network led by Indigenous women formed in 2006 to improve the quality and cultural acceptability of care provided to Indigenous women.(5) As part of its mission ALIANMISAR monitors a range of public health services at national,

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	<p>give a more concise account of how the project operates -though some sort of a theory of change, although this would not have to be made explicit. Signposting would also help as would a much clearer and concise introduction, which really clearly describes that the paper is about.</p> <p>It may be the case that read alone as rather than as one of a series, the paper will inevitably be somewhat confusing, in which case perhaps make a statement right at the beginning which situates the paper within the series. Whichever the case, signposting and restructuring as well as some concise paragraphs would help the reader extract the key messages from this text.</p>	<p>departmental, and municipal levels in collaboration with other community-based organizations, the executive and legislative sectors of the government (e.g. the Ministry of Health and the Ombudsman for Human Rights) and with international partners (supplement 1). To date, joint monitoring has contributed to important improvements in health policy and legislation, health services and infrastructure for Indigenous Women. This article focuses on an analysis of the factors that have enabled this multisectoral collaboration.”</p> <p>In terms of limitations as indicated the paper now includes a section on Limitations and Challenges going beyond those indicated in the original manuscript. We have also brought in the theory of change – not expressed as such – that we developed as part of the case study. That is – monitoring of health services by Indigenous women is expected to contribute to improved availability, accessibility, quality and cultural acceptability of health services. Improved uptake and use of health services is expected to contribute to improved maternal health and a reduction in mortality rates. However, the latter is difficult to demonstrate because ALIANMISAR’s efforts are part of a wider contribution. We have sought to address these comments by indicating ‘success’ in terms of ALIANMISAR and joint monitoring is improvements and changes to policy, legislation, the way services are provided and infrastructure.</p>
	<p>BMJ Edit team - Little discussion in this piece about limitations, or challenges that were faced but could not easily address. Or things that were difficult for them to achieve, either because of how the collaboration worked or which were “intractable” on the ground. Therefore, the piece doesn’t come across as circumspect or reflective enough. Although family planning is briefly discussed, safe abortion is not. It seems in</p>	<p>See previous comments about Limitations. The paper now includes a specific section on Limitations and includes additional limitations or challenges that were discussed as part of the multistakeholder review process for developing the case study. With regard to abortion as a challenge please see previous comments on this issue.</p>

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	<p>Guatemala, abortion is illegal except where necessary to save the life of the mother. Did the collaboration consider the issue of access to safe abortion as a right for women, and the adverse consequences to womens' health if they do not have access to safe abortion? Would this come under the category of "challenges" – if, in this region it is not possible for collaborations such as this one to campaign on or work to provide abortion services, emergency contraception etc, because of the political environment, can the authors discuss that explicitly? What are the difficulties for groups such as ALIANMISAR in dealing with health issues that cannot be addressed because of political, religious, or other factors? Some inclusion of this would strengthen the piece.</p>	
	<p>JG - Text boxes could be more concise and direct, for example use bullet points in table 1 instead of the lengthy sentence beginning 'A 2014 survey...'. Also this box is the statement of need, then some reference of the quality of healthcare provision for Mayan indigenous women, a very brief history to this -for example what is the political background to Indigenous health inequalities- would help. As it stands there is little clarity either in this box or anywhere in the opening pages that contextualises the project and clearly explains what problem it is addressing, beyond the issue of inequalities in health outcomes.</p>	<p>See earlier comments about boxes, which have all been substantively revised or deleted in two cases. With regard to making the case, in the Introduction we have revised to address both peer reviewers comments about providing a better context for action e.g. global inequities in Indigenous health that are mirrored in Guatemala and then how despite efforts to improve civil society involvement in governance Indigenous women were still experiencing inequities in outcomes. Furthermore Box 1 has been completely revised to make the 'problem' and its causes clearer and then the evidence for the 'solution' (improving the availability, accessibility, quality and cultural acceptability of health services).</p>
<i>Introduction</i>	<p>BMJ Edit Team - The scene setting in box1 could be better accomplished by integrating that information better into the opening text</p>	<p>See comment above and earlier comments about better signposting and incorporation of references from PR1 about setting the global context, and then the context for maternal health among Indigenous women. With the Introduction we have attempted to begin with a global focus so that the reader is interested and then go to Guatemala so that it is clear what the link is. We then provide further country context for action i.e. the mandates for civil society engagement</p>
	<p>Peer Reviewer 1 (JO) - I think the introduction has a lot of good context and I also think could be strengthened in several ways. First, I think all of the context items (ALIANMISAR, maternal inequities, and the civil war should be brought together and then discuss what is being done in this manuscript. Second, I'd</p>	

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	<p>like a bit of overview of the flow of the manuscript. As it is a case study, it is hard to know what to expect and I got lost in the flow at times.</p> <p>JG - The opening paragraph could start with a short concise statement of purpose. The introduction section (pages 1-6) is also long and meandering, again an upfront paragraph or statement would prepare the reader for this lengthy model description.</p> <p>Text boxes could be more concise and direct, for example use bullet points in table 1 instead of the lengthy sentence beginning 'A 2014 survey...'. Also, this box is the statement of need, then some reference of the quality of healthcare provision for Mayan indigenous women, a very brief history to this -for example what is the political background to Indigenous health inequalities- would help. As it stands there is little clarity either in this box or anywhere in the opening pages that contextualises the project and clearly explains what problem it is addressing, beyond the issue of inequalities in health outcomes.</p>	<p>following the civil war and the requirement for the health budget to focus on specific issues including decreasing infant and maternal mortality. We note that in terms of inequities in Indigenous health the explanation is fairly simplistic when the issue is far more complex. However, we note that the focus of the paper is not presenting a causal framework for inequities in Indigenous health but an introduction to the problem and to set the scene for why ALIANMISAR was established.</p> <p>The second paragraph of the Introduction then makes it clear when ALIANMISAR was established, how joint monitoring is part of its mission, who they do joint monitoring with and that the paper focuses on an analysis of the enabling factors for the collaboration given the focus of the success factors series.</p> <p>The second section of the paper is signposted 'Why monitoring of health services by Indigenous women is needed' to indicate what the problem is and why the solution of monitoring.</p>
<i>Collaborative Model</i>	<p>BMJ Edit team - Collaborative model pp2 onwards and figure – this is not that interesting for the reader – focus on the links between organisations or subparts of the organization, setup etc – this comes across as a distraction from the actual interesting part of the discussion about work done to improve health. Is this much presentation of what is essentially “Management structure” really needed? May be possible to cut this and save space for other important issues</p> <p>JG - Figure 2 shows how the process works in practice. Where this is referenced in the text (line 28, p 3), include a one or two sentence statement summarising this process.</p>	<p>Done. More relevant information is now presented under the section headed <i>Joint monitoring by ALIANMISAR and other sectors</i>. As part of the restructuring we have deleted Figure 1 on the collaborative model and replaced it with a new Figure 1 that is a timeline of ALIANMISAR noting when key collaborations started, topics for monitoring and key developments such as creation of the Indigenous People’s Health unit in the Ministry of Health. This provides an overview for the reader without detailing what was described as management structure.</p> <p>Done. “Fig 2 illustrates ALIANMISAR’s advocacy cycle in practice and how monitoring (outlined at step 5) contributes to this. The first four steps of the cycle include updating knowledge, reviewing data and revising forms and are undertaken before each annual monitoring cycle. Findings</p>

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		from monitoring are used in political dialogue with the Ministry of Health (from municipal to national level) (step 6, Fig 2) ...”
	BMJ Edit team - Box2 – “vertical birth”- and this is expressed again later – this is a bit cryptic – what is meant by this? Is this meant, “giving birth standing up (or squatting)”? – as in a cultural tradition of giving birth in a particular position? The authors make a good case for ensuring that services are culturally appropriate and respectful, and ensure dignity for those who are accessing services – but they need to make sure they can’t claim improvements on health outcomes if these aren’t proven by the evidence	Done. Box 2 now clarifies that this does refer to giving birth standing up and or in a squatting position.
	JG - Box 2, p 5. Open with a statement describing the need for and meaning of cultural appropriateness in health, then go on to describe how ALIANMISAR does this.	This issue has been addressed but not as recommended here. Using the revised text, we described the need for culturally appropriate health services in the section <i>Why monitoring of health services by Indigenous women is needed</i> where we set out the problem and the evidence for the solution (see box 1) including culturally appropriate health services and then refer to Box 2 to define what is meant. The text in Box 2 has been revised to be shorter and to the point as part of the overall revision of boxes to be more useful.
	BMJ Edit team - Box 3 – “advocacy wins” – this comes across as jargon somewhat. The most important parts of this are the statements that are made about improvements on health outcomes, eg on NMR and MMR. However the authors need to add references here so that it’s clear that they can show NMR and MMR rates reduced with the new initiative. Ideally, need to see some statistics for the changes being described, together with references for the claim. And, if this is just time-trend data, needs to be clear that we can’t be sure the developments led to the changes in mortality, since these could have been part of a wider secular trend or resulted from other changes in the region other than the specific initiative being reported.	We have removed reference to advocacy wins and or asks – see amended Figure 2, and removed it from the text in what was originally Box 3 and is now Box 4. The header of Box 4 has been amended and refers to <i>Examples of changes to health policy, legislation, services and infrastructure arising from monitoring and advocacy by ALIANMISAR</i> . This makes it clearer what changes and or impacts should be presented in this box as part of ALIANMISAR’s efforts. As indicated previously we have now clearly defined the measures of success for what ALIANMISAR does – which is improvements to health services so that they are more available, accessible and culturally acceptable for Indigenous women. Measures of success include

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		changes to policy and legislation to support this, changes to health services including how staff talk to Indigenous women as well as changes to health service infrastructure. Therefore we do not consider it appropriate nor possible to present changes in maternal or neonatal mortality data in this box or in this paper.
	JG - Box 3 is lengthy and distracts from the key messages of this paper. Can it go in as a supplementary file? Or simply summarise.	Addressed – we reviewed and reduced the text in the former Box 3, now Box 4 (see comments above). An overview of the impacts were summarized in the previous paragraph and the Box provides some detail of examples to give the reader insight into the different types of changes as a result of joint monitoring. We consider that to put the information in the supplement would mean that the reader does not get this insight into the breadth of changes.
<i>Enabling Factors</i>	<p>JO - The analysis of enabling factors section on p. 7 is a good one with a few minor suggestions:</p> <ol style="list-style-type: none"> I think this should be a major section of the manuscript and thus heading in all caps. I'd avoid the bullet point list to being this section and just include in text as a), b), c) etc. Point A, I wonder if these should be described as structures and not spaces. Regardless of word choice, it would be helpful to define/describe spaces. Quotes should be introduced and connected to existing paragraphs (p. 11 lines 38-43; p. 12 lines 22-27). 	<p>Done.</p> <ol style="list-style-type: none"> As indicated previously <i>Enabling factors</i> – this is the 5 factors included in the original manuscript and weaves in the themes from the discussion in the original manuscript All bullet point list removed and this section begins with the following sentence “The case study review process (supplement 3) identified five different but complementary factors that enable the collaboration and contribute to success in terms of knowledge and evidence that is used to advocate for changes to health services and care for Indigenous women in Guatemala.” We have removed all reference to spaces in the revisions and refer to mechanisms or processes as appropriate. We have used italics when quoting rather than quotation marks – we understood it was one or the other not both. As this is a copy editing issue perhaps it can be addressed at that stage of the process.
	JG - Surely the analysis of enabling factors	Done – see comments above – Enabling

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	should be the key message in this paper. IE, what this process consists of and how it works. Again here clearer signposting, an opening statement about what this is about.	factors session preceded by brief description of methods – and reflects the analysis part of the paper with opening statement.
	JG - Paragraph 2, p 8 regarding letters of agreement is wordy and excessive- deviating from saying concisely what is required to understand the process.	Addressed – this text has been completely deleted from the paper in the revisions and given the feedback about information that was of interest to the reader.
	BMJ Edit team - Box4, youtube videos - not sure that it's OK to include these to back up the claims about “technical evidence”? If the claim is being made that vertical birth reduces health risks for maternal and child health, this needs to be backed up with proper high-quality scientific studies and ideally say what the outcomes are that are improved.	Addressed – Box 4 has been deleted in the revisions. We note however that in the original manuscript that the title of the box made it clear that it was not about the technical evidence for vertical birth but how ALIANMISAR worked with different groups in a constructive way to advocate for change.
	JG - Box 4, p 9, there are 3 references to You Tube videos. Could these be put elsewhere and the box content shortened?	Addressed – see above Box 4 deleted in the revised manuscript, and other URL links referenced as requested in reference list.
	JG - Page 9/10, c) Resourcing: technical and financial -start with clear concise sentences describing what this is rather than leaving it to reader to try and work out.	Done. We thank Dr Veitch for her clarification of this feedback from PR2 and her suggestions for how to revise. This text has been reworded and reads: “Third, donor funding of approximately US\$ 160 680 annually since 2010 via the HEP+ project gave a critical boost to ALIANMISAR’s work and existing HEP+ technical support by: (a) paying for a national-level technical secretary and an additional five technical facilitators to support ALIANMISAR networks at the departmental and municipal levels; and (b) providing some funds to reimburse ALIANMISAR volunteers for travel and related expenses when undertaking monitoring or advocacy activities.”
<i>Discussion</i>	JO - The discussion includes some nice lessons learned. I have a few suggestions/questions: a. On p 12-13, a comment is made that the successes of the collaboration are the result of a combination of enabling factors rather than just spaces. However, the presentation in the previous section was of items listed one-by-one. Can you talk more about these combinations? I can see it	Addressed a. We have merged or moved the key lessons from the discussion to the end of the Enabling Factors section of the paper. We have also clarified that they were complementary factors in the opening sentence for the Enabling factors section. In the last paragraph of the Enabling factors section we clarify the linkages (modifying text in

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	<p>results from more than spaces (e.g., resources, capacity/existing networks) and yet this doesn't speak to combinations of these factors.</p> <p>b. It is unclear whether the third paragraph of the discussion is a third lesson or what it is. It appears to be a call for future research/evaluation. I'd rather have this framed as a lesson for consistency, but also for applicability to other contexts.</p>	<p>the original manuscript): "These five factors have been key both to the collaboration and its success in terms of change to health services for Indigenous women. ALIANMISAR's way of working (using existing legal frameworks and a credible evidence base), their technical assistance to the health sector (facilitated by donor technical support and funding), and their continuous presence in the political space over many years have made them a legitimate, credible, and trustworthy partner; this increases collaborators' willingness to respond to their advocacy for change as seen by improvements to health policy, infrastructure and services."</p> <p>b. This third paragraph of the discussion has been moved to the last part of the Challenges/Limitations section (introduced to provide a more critical focus on limitations) and is linked to this and then leads into the Conclusion.</p>
<i>Final comments</i>	<p>JG - In general I found it difficult to grasp the theory of change that this paper is attempting to put forward. While this does not need to be explicitly written as a theory of change, there needs to be a clear understanding of the value of this work, what it is addressing and its impact. There is a lot of space dedicated to the Alliance, but less to the structure of how this is working and improving lives. If this balance were reversed the paper would be more informative from a public health perspective.</p>	<p>Addressed. As indicated in previous comments we worked to restructure the manuscript to provide clearer signposting and focus on how the structure works to improve lives by improving the availability, accessibility, quality and cultural acceptability of health services for Indigenous women and using the theory of change we articulated in the MS review process.</p>
Editorial comments from peer reviewer 1		
P. 1, line 13,.	<p>1. the word inequalities is used. I think inequities is a better word choice here. This applies to box 1 as well and the rest of the manuscript</p>	Done
P. 1, line 16	<p>2. the second comma is needed</p>	NA – text changed in revised manuscript
P. 1, line 26	<p>3. there are two ands within the list. I suggest deleting the first one</p>	NA – text changed in revised manuscript
P. 1, line 34.	<p>4. The comma before citation 4 should be a period/full stop. The next sentence should start with "This case study....."</p>	NA – text changed in revised manuscript

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P. 2., line 36	5. I recommend capitalising Indigenous when referring to people much like you would a specific tribe or ethnic group. I am not repeating this for every use so apply throughout.	Done
P. 3, line 12 (Box 2)	6. remove 2nd they before the colon and add the word they to 1 and 2	NA – text changed in revised manuscript
P. 8, lines 2-11	7. the use of 3 URLs makes the sentence hard to read and follow. Couldn't there just be a single or perhaps 2 URLs at the end of the sentence?	Text changed and any URLs are listed in references.
P. 8, line 16	8. provide a semi-colon after regular basis and remove comma "...regular basis; for example,"	NA – text changed in revised manuscript
P. 8, line 29	9. , the opening part "Continuity of presenting in the political space" could be deleted without any loss of meaning and make for a better sentence.	NA – text changed in revised manuscript
P. 9, line 38	10. either put a semi-colon rather than comma or say "...on the topic in order to raise awareness...."	NA – text changed in revised manuscript
P. 10, line 57	11. the quote that begins here and continues on the next page needs to be attributed to someone (even if just Female Volunteer or the like)	Not done because it notes that the person was a health sector key informant. We feel given the number of interviews done any further breakdown makes it easier to identify a key informant and are not comfortable with this. All health sector key informants were people working in the health centre or health post. Where they were a volunteer they were identified as such.
P. 25, line 2	12. should be identification OF the stakeholder's role.	Done – this and remaining changes refer to Supplement 2 on the methods which in the revised manuscript is now Supplement 3.
P. 26, line 10	13. should be monitor's attendance	Done
P. 26, lines 25-28	14. Sentence is awkward as the tasks being completed do not flow. Suggest a re-write of this sentence	Done