Reviewer's report

Title: Factors influencing attendance at treatment and prevention clinics by patients with podoconiosis in southern Ethiopia: a qualitative study

Version: 1 Date: 10 September 2012

Reviewer: Bereket Mr Yakob

Reviewer's report:

Major Revisions
1. Limitations of the study are not clearly stated
2. This study focuses on 4 of MFTPA outreach sites and tries to find contexts which affect adherence to treatment and prevention services. Therefore the following points must be made clear
2a. Are there clinical data which suggest there is problem of adherence to treatment and prevention services? If it's possible from clinical record it is worth including
2b. What is acceptable level of adherence in this study? Define adherence.
2c. Rather than mentioning anecdotal evidences as sufficient reason for conducting the study, it would be more acceptable to use clinical/outreach services record to clearly show adherence problem exists and rationale for the study
2d. What are anecdotal evidences? Clearly state.
3. You estimated Wolaita population 1.7 million. What are your references and when?
4. When was the study conducted?? It was difficult to find it from the methodology part
5. Too much detail on ethical considerations, data collection and data analysis which may make the article less attractive to reader. Only key points should be stated on summarized but inclusive statements.
6. Expectations of "special" support - What is special support? Define special support in order for all readers to similar understanding.
7. Worry about stigma - Good if responses from patients are reported in quotes than putting health care provider's or social worker's view points. It's much better to hear from first person than third person on stigma.

Minor Essential revisions
1. In Woliata Zone with current scale up of public health centers and health posts, physical health facility access is not a question. Hence, investigators are expected to explain what was the cause of inaccessability i.e. if MFTPA services are not delivered in all districts/facilities, etc
2. Page 16 line 19 -" adenolymphangitis episodes in LF [12] and anecdotally also in podoconiosis, if these episodes occur despite treatment, they may themselves prevent patients attending clinic for treatment..." This statement is not supported by any evidence i.e. even by clients in your result - it seems arbitrary. Therefore it should be removed from the manuscript.

3. Pages 16-17 lines 22-24 "More flexible systems for distribution of treatment supplies may be necessary to take into account patients who develop acute illness and are unable to attend clinic." -What is the base for recommending MFTPA flexible systems for distribution of Rx services, was implementation capacity of MFTPA investigated in this study? if yes, show on the methodology & result sections.

4. Page 17 line 19 ... lowering expectations of treatment results... If there are no gains by attending treatment, there is no rationale for patients to adhere. Rather teaching/informing facts about podoconiosis treatment and prevention of complications should be recommended. Rephrase Lowering expectations.

5. Page 18 line 1 ....huge infrastructural investment--- There is no need of investment on infrastructure as there are at least one health post in a 'kebele' and one health center for five health posts. As other service rendering posts of MFTPA are linked to health centers/posts, following same approach must solve the problem. If the problem is human resource/budget for materials/supplies shortage, etc, it should be stated specifically.

Discretionary Revisions
1. None

Level of interest: An article of outstanding merit and interest 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:
None