Author's response to reviews

**Title:** Failures in the quality, quantity, and reliability of water provided through an informal distribution system in a slum in Mumbai, India

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**Author's response to reviews:** see over
November 14, 2012

Dear Dr. Panigrahi and other BMC Public Health editors:

Thank you for facilitating a second round of peer review of our manuscript entitled “Failures in the quality, quantity, and reliability of water provided through an informal distribution system in a slum in Mumbai, India.” We have extensively modified our manuscript draft based on the helpful feedback from the reviewers and editors. Below is a point-by-point response to the specific questions raised by the editors and reviewers. The reviewers’ original comments are underlined (as the PDF document producing program used during submission is not recognizing italics or bold for some reason), and our responses are in regular font. We have also attempted to highlight the places where changes have been made in the text of the manuscript in response to specific points of feedback.

Sincerely,

Ramnath Subbaraman, M.D.
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Editor’s comments:

Please discuss with editorial staff to reduce print area by reducing number of pictures. There is no need to put a Google map picture of the slum (#1), nor does it add much by showing how the big drums are rolled long distance (#4).

We have eliminated Figure 1 and Figure 4 from the manuscript as you have requested.

Please check the accurate distance before making a generic statement that they are rolled at least over 2 km distance. This may be an exaggeration. Readers will appreciate from the text how inhabitants of this slum undergo hardship during system failure.

We have actually performed extensive GIS mapping of Kaula Bandar and the surrounding area and plotted distances. The distance from the entrance of the community to the Reay Road taps (where people go to get water when the informal distribution system breaks down) is more than one kilometer, and the length of the entire Kaula Bandar slum community is approximately one kilometer. Therefore the people who live at the farthest end of Kaula Bandar do roll barrels at least two kilometers to access water from the nearest Reay Road taps during system failure. However, it would also be fair to say that some people who live near the entrance of Kaula Bandar may roll barrels between one to two kilometers to access the water taps. Therefore, we have modified that sentence in the paper to say the following:

“When this happens, most KB residents roll large storage drums at least one kilometer, and as far as two kilometers, to access taps in the next closest community, while others get water from private tankers.”

Storage containers vs. drinking water containers with wide mouth deserve to be shown since the latter foster in-home contamination (some pictures can be cropped) of drinking water.

As you have requested, we have cropped these photos a bit.

RS’s contribution to this study:

It is difficult to conceive how funding from more than a dozen NIH institutes were used to partially cover RS’s time for this study. While RS might have received funding from all the stated sources during his career, only those that supported the study should be stated with grant numbers.

We realize that this must seem like an outrageously long funding statement for RS. Let us clarify the situation. RS was partly funded for this work by a one-year grant from the NIH Fogarty International Clinical Fellows Program (a post-doctoral fellowship). That fellowship program is administered by the NIH Fogarty Center, but funding for the fellowship came from several NIH institutes. All of these institutes have insisted that they be individually acknowledged on all publications resulting from the work of fellows. As a result, RS and other fellows were instructed to place this long disclaimer in that precise language as part of the acknowledgments section on all publications. You can confirm this yourself by looking at the instructions on the fellowship website: 
https://fogartyscholars.org/resources/resources/helpful-info/acknowledgements

Please correct the spelling of Voges-Proskauer

We have made this correction; thank you for pointing out this mistake on our part.

In Table 6, under E. coli add an “s” to Odds ratio (it is Odd ratio now).
We have made this correction; thank you for pointing out this mistake on our part.
Reviewer 1 (Dr. Kolok) Feedback:

While Dr. Kolok’s comments document said “see above” for his Reviewer’s report, we could not find any attached comments in that document. We would be happy to address any further comments by Dr. Kolok if he has any further comments to provide to us.

Reviewer 2 (Dr. Gilman) Feedback:

This paper is much improved and except for the below I have no other comments.

Discretionary Revisions - I believe the authors also should emphasize the importance of having in house connections. Without in house connections like most of us enjoy water storage becomes a necessity. Water that is stored with or without chlorination and in narrow neck containers still is likely to get contaminated. Thus it is worthwhile to emphasize that water brought to each house even if not inside is the objective since nearly all households will then bring it into the household for toilets and running water due to convenience. No minor issues.

We completely agree with the point that you make above. In fact, we had already mentioned this point in the previously submitted draft in the “Discussion” section, where we said:

“Some remedies may provide partial benefit unless piped water is provided directly to individual homes, as this is the only intervention that would obviate the need for in-home storage of water.”

This point is very important, and so we have now modified and expanded the sentence above to emphasize this point even more:

“Furthermore, most remedies may provide only partial benefit unless piped water is provided directly to individual homes, as this is the only intervention that would obviate the need for in-home storage of water. Indeed, data suggest that provision of direct water connections to individual households decreases diarrheal morbidity much more than improving water quantity and access through public water taps alone [32].”