Reviewer's report

Title: The role of community conversations in facilitating local HIV competence: Case study from eastern Zimbabwe

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Reviewer: Catherine Montgomery

Reviewer's report:

This is a thoughtful and engaging paper exploring the role of community conversations (CC) for an effective HIV response in Africa. Building on the concept of HIV competence, the paper uses empirical work from Zimbabwe to develop the literature on CC as an intervention method, which has been limited to date. While the paper is likely to be of interest to readers of BMC Public Health, there are some key points on which clarification is needed, and these are outlined below. I also think it would strengthen the paper if the authors could state more clearly at the outset what they seek to contribute – theoretical development, practical case study, an understanding of how community members ‘receive’ the intervention, etc. At present, the paper delivers a mix of all of these, without focusing in and giving adequate depth to any one aspect.

Major Compulsory Revisions

The authors situate the paper theoretically in relation to Friere’s work and draw attention to the lack of developed academic literature on the methodology of community conversation. They don’t, however, mention Participatory Action Research, which seems to have strong affinities with CC. It might enrich the paper to relate (or distinguish) community conversation as an intervention to participatory action research, on which there is a well-developed body of literature.

In relation to this, the nature of the community conversations as intervention/data on success of intervention is highly ambiguous. This is further complicated by the fact that the CC facilitators were researchers rather than local people invested in the community, and that the participants are described in table 1 as a ‘dataset’. To help improve methodological clarity here, I suggest the authors add a rationale for a) the decision not to implement the intervention according to documented practice, with the use of local facilitators and b) the rationale for using the community conversation itself as data rather than collecting data afterwards, e.g. through interviews or focus groups, on what participants felt the community conversations achieved. It would be helpful if the authors could describe how the intervention was presented to participants – e.g. was it presented as research, whereby participants had to sign informed consent forms, or was it presented as a community activity? Perhaps the authors could also reflect, from a more theoretical point of view, on how recording the community conversations may have changed the dynamics.
Since the paper seems to aim to contribute methodologically to the description of community conversation as an intervention, it would be useful to have more detail on how exactly they were organised and implemented. E.g. how were participants selected to take part? Did they self-select, or were they chosen? Did anyone decline to participate? Where were the conversations held (e.g. in a school/church hall/someone’s house…)? Was an effort made to include people living with HIV/AIDS (if not, why not)? How do these decisions potentially affect the outcomes of CCs?

The paper’s conclusion should ideally be strengthened to help readers – be they advocates, policy makers or practitioners - to understand how community conversations could be incorporated into existing and future HIV programming. Which version of the intervention should be taken forward (local facilitators versus external facilitators)? Do we need more research on this, and if so, what kind? Which questions does this study provoke and what is its contribution to the field?

Minor Essential Revisions

In the second paragraph of the Introduction (p3), you state that the community conversations were “led by trained local facilitators”. On p13, first paragraph, you state that neither of the facilitators had personal links with the study communities and refer to them as “facilitators from outside the community”. Please reconcile these conflicting accounts.

P5 para 4 “Six to ten people was chosen as the optimal number of community conversation participants” - please specify who chose this number (the authors? Dr Gebre?)

Discretionary Revisions

P7 - For completeness, it would be good to state which ethics committee at LSE approved the study (current phrasing sounds rather cryptic).

Table 2: Coding Framework – this is confusing. It is not clear how the columns relate to each other; what the difference is between codes, themes and issues; and whether these are actors’ categories or analytic categories. I suggest cutting this, or simplifying down into a paragraph of text which can be used to signpost the organisation of the findings which follow.

P9 para 3 – how was the topic of stigma chosen for the breakout sessions? Was this identified as an issue by the community/from the literature/…?

Conclusion p.20 you refer to the value of CCs in enabling marginalized people to engage in critical thinking. From the paper, marginalized people seem to be PLWHA, young people, and people engaged in transactional sex. What efforts were made to involve such people in the intervention?

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