Reviewer’s report

Title: The Impact of Social Franchising on the Use of Reproductive Health and Family Planning Services at Public Community Clinics in Vietnam

Version: 1 Date: 26 August 2009

Reviewer: Christopher B Forrest

Reviewer's report:

General
I enjoyed the nice overview of the Vietnamese health system as it pertains to reproductive health services. I think this background strengthens the manuscript.

Most important comment: I think this is an interesting and important study. I did have to work hard, however, to fully understand what the evaluation method was. In particular, the dependent variables are not always clearly stated. The work you have done using clinic-level and client-level outcomes is strong. I’d like to see your presentation of the key findings to be enhanced with more precise specifications throughout the manuscript of the dependent variables.

Compulsory Revisions
1. Abstract: I would suggest a brief definition (few words) of franchising. I do not think this concept is familiar to the general health services community. Perhaps something like, (promoting a new clinic brand while improving access and quality). Also, state how many control clinics there were.

2. p9: Please state what the denominator is for the user proportions, and use of what type of service?

3. I saw no indication that this study was reviewed by an ethics board and informed was obtained from participants. Please clarify.

4. In the abstract and methods the variables use/non-use and self-reported usage frequency are unclear labels. I believe the former relates to CHS use. The latter sounds like reproductive service type use. If this is accurate, please clarify.

5. Table 1 – what is a DHC? Be careful with using non-standard acronyms.

6. Tables 1 and 3 should include statistic tests for differences between the two groups so readers can discern what the salient differences are.

7. Table 4 is mislabeled. The outcome was not a percentage, but use/non-use.

8. You should provide descriptive data on the outcome measures. How commonly were they, what were their measures of central tendency, etc. This will help readers put the regression results into context.
Discretionary Revisions

10. I think you could delete Table 4 and just discuss the NS finding for franchise status in the text. Same is true for Table 5.

11. The finding that volume of use increased for established users, but access to care for the population (rates of use/non-use) did not change is a key finding. I would consider highlighting this in the abstract.

12. I would reconsider calling the comparison groups “matched controls.” It appears to me that you attempted to balance key variables between the groups, but there was not a 1:N matching. If there were, different statistical procedures would be called for.

13. The quasi-experimental design is a strength but it also has weaknesses, particularly selection bias. I would add a discussion on this to the Discussion section.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.