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: 10 October 2009

Reviewer: Ademola Ajuwon

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Title of paper: The impact of social franchising on use of reproductive health and family planning services at public community clinics in Vietnam

Reviewer: Ademola Ajuwon, University of Ibadan, Nigeria

Main points of the manuscript

This paper presents findings from a quasi-experiment study designed to test the effects of social franchising strategies on use of reproductive health services offered at public health facilities in two districts of Vietnam. The paper is well-written. The study was well designed, executed and evaluated. The analyses performed were appropriate and clear. The paper makes important contributions to the existing literature on this subject.

However, there are some suggestions that would improve further the quality of the manuscript and make it acceptable for publication in BMC Health Services. The details about the suggestions are provided below.

Major Compulsory Revisions

1. The research described in this paper has an intervention component. However, the details of the intervention activities implemented to promote use of CHS clinics have not been fully provided. I suggest that the authors create a sub-heading under the Methods section and elaborate on the intervention activities described in the background on pages 7 and 8. For example, it will be important to confirm who implemented the intervention activities, and for how long were they implemented. Other relevant details that would make these activities replicable should be provided

2. There is need for details about how data were collected from the CHS clinics. For example, who extracted information from the clinic record? Were these data routinely sent on monthly basis to the investigators by clinic staff or they were collected directly by the investigators or their representatives? How reliable are the data from clinic record? Typically, public health facilities in many developing countries keep poor record of the services they provide. Is this the case in the Vietnamese context? If so, what efforts did the authors make to ensure quality and reliability of the records kept in the CHS facilities that participated in the study?
3. The authors said that two clinics were excluded from the study because they
   could not uphold franchise standards. What standards are the authors referring
   to here? is this related to keeping good quality records? Please clarify.

4. There are three ethical issues involved in this study which the authors did not
   address. First, was the protocol approved by any Ethics Review Committee prior
   to its implementation? Secondly, was informed consent obtained from the survey
   respondents, if so how? Finally, were any complimentary activities offered to
   citizens living in the control areas?

5. The calculations in some of the Tables are not correct. For example, in Table 1
   the % for the figures for location for both experimental and controls do not add up
   to 100. Were some of the CHS clinics sited in locations other than rural or urban
   areas? Please clarify. More importantly, the percentages on Table 3 have many
   errors. For example, the addition of the % for gender is 105.9%; the one for age
   is 145.9%. The authors need to check the accuracy of the data.

Minor Essential Revisions
1. There are many repetitive explanations of acronyms in the paper. For
   example, in the abstract alone the acronyms CHS and RHFP were written in full
   twice with abbreviations. This is unacceptable. Once the full meaning appears
   the first time it need not be repeated. Repetitive explanation of acronyms should
   be corrected throughout the entire manuscript.

2. What does the words “Doi Moi” mean? This should be explained since BMC is
   read by an international audience many of whom may not understand
   Vietnamese language. The same approach used in describing the meaning of “tin
   hem” (sisterhood) as it appeared on page 7 should be applied to Doi Moi.

3. The use of ‘etc” as it appeared on page 14 is not acceptable in this type of
   writing. It is better that the authors explain fully the factors that may have
   contributed to the increase in use of CHS facilities instead of using the acronym
   “etc”.

4. The paper would benefit from discussions of policy implications of the findings.
   For example, the authors should offer appropriate recommendations on how to
   scale-up franchising approach of CHS clinics in the districts where the study took
   place.

Discretionary Revisions
None

Level of interest: An article of importance 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:  

I declare that I have no competing interest