Reviewer’s report

Title: The nature and depth of community accountability in rural health facilities in Coast Province, Kenya

Version: 1 Date: 16 March 2011

Reviewer: Peter Hatcher

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This article contributes to knowledge particularly its description and assessment of the different perceptions of management roles of HFCs; and in its assessment of the experience of and obstacles to strengthening the management roles HFCs through the piloting of DFF in Coastal Province. Limitations of the study are stated, including qualifications to the relevance of the findings outside Coastal Province and the potential for bias reporting by respondents benefiting from the DFF program and HFC allowances.

It is hoped that these findings helped to inform the national roll out of DFF and revision of the HFC guidelines in Kenya.

• Major Compulsory Revisions

1) Although this is well written study of the evolving role of HFCs in two districts of Coastal Province, Kenya, it does not address adequately several of the roles of HFCs that are essential to achieve effective community accountability. The paper states that it is examining the nature and depth of community accountability through HFCs, but focuses primarily on the managerial role which relates to the first of the six roles assigned to HFCs by the DoH: “To oversee the general operations and management of the health facility”. Attitudes and practices of the HFC members relevant to their other five assigned roles are also essential to establish effective community governance, in particular: represent and articulate community interests on health in local development forums, facilitate feedback to community on operations and management of the health facility, mobilize community resources to develop health services, implement community decisions on their own health. The activities undertaken by HFC members in these particular roles also need to be assessed to examine the nature and depth of community accountability. If data on these activities were collected in the interviews and/or group discussions then please include an analysis of this data relative to community accountability in this paper. If not, then please revise the stated scope of this study to assessing the nature and depth of managerial engagement of HFCs and how this has contributed to the development of community accountability.

2) This article does not define the questions that the study is intended to answer.
Please state these questions explicitly – for example: Has the introduction of DFF in these districts increased the depth of managerial engagement of HFCs? How are these HFCs members selected? How well are they trained to perform their roles? What are the perceived managerial roles of HFC members and health workers?

3) The perceived importance of HFC allowances funded by user fees is discussed in the article and a wide variation in the allowances paid is documented (from no allowance to US$ 7.37 per meeting). Please explain how the level of HFC allowance is set. If the data is available, please indicate whether the level of HFC member commitment (e.g. numbers of HFC meetings attended, time spent working with HWs, meetings with community groups) or whether the level of engagement of an HFC in management activities was associated with the level of allowances paid.

4) The Exit Interview results prompt the question of why there were so few deficiencies reported in health service delivery. Out of 292 interviews there were only 10 times that specific deficiencies were reported. This seems unrealistically low – please comment.

5) It appears the turnover rates of HWs and HWs in-charge is quite high. If these rates are known, are they associated with the reported level of engagement of the HFC in management activities or the perceived level of community accountability of HFCs?

6) The experience of HFCs with DFF budgeting in Tana River district, where this role was effectively pre-empted, would be expected to affect the interview results particularly in relation to the scenario “How to spend DFF”. Please indicate whether the data supports this linkage and comment accordingly.

7) Community accountability, and community health status, is enhanced when community health facility committees support and facilitate community engagement in health promotion and education activities and encourage a greater role for women (e.g. creation of women’s support groups, increasing gender awareness and representation on advisory and decision making bodies. The article indicated that the minimum of one woman representative on each was achieved, with a median of three, on HFCs with a median of 10 community members. Please comment on the feasibility and potential value of HFCs improving their gender balance and engaging with various women’s and men’s community groups on health promotion and education issues.

• Minor Essential Revisions

Page 20, 1st para, line 10-12 – wording “raised once each” is a little confusing – could be more clearly expressed.

• Discretionary Revisions

1) This paper is well referenced drawing on both national and international literature and reports, both published and unpublished. Reference to the
experiences in several African and Asian countries with Partnership Defined Quality methodology developed by Save the Children would be relevant when discussing enhancing community accountability through facility-based committees to improve quality, coverage, access and effective utilization of peripheral health services in rural facilities. Ref. http://www.coregroup.org/our-technical-work/initiatives/diffusion-of-innovations/83

2) The article refers to the importance of enhancing representation and links between the HFC and the wider community through particular community engagement mechanisms. Public notice boards and public meetings are reported to have been used to some degree, but a fuller consideration of effective community mobilization, community participation and community governance processes to enhance representation and links between the HFC and the wider community would add value here.

**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 interests