Author's response to reviews

Title: Networking between community health programs: effectiveness, barriers and enablers

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Author's response to reviews: see over
Cover letter

RE: MS: 1448139330609567
Networking between community health programs: effectiveness, barriers and enablers
Nathan J Grills, Priscilla Robinson and Maneesh Phillip

Dear Sir / Madam,

Thank you for reviewing the manuscript and for the helpful comments that have been provided by each of the reviewers. The reference from Dr George W. Pariyo shows that he clearly understands the merit of such an article, and having read some of his work I know that he is clearly very qualified to review and comment on a piece such as this which relates to the developing world and health networks. Dr Richard Alan Batley also provides helpful comments and I have responded to his suggestions. Where the 2 referees provide conflicting advice I have had to use my own discernment as to which way to proceed. I am hope this acceptable and I am happy to receive further advice on how to proceed on such items. I hope that given my revisions that the article will now be acceptable.

This work is perhaps not typical, but I agree with the second reviewer that the work is of sufficient interest to warrant publication as networks in Public Health have become central in allowing smaller organisations to function in an increasingly complicated health environment. It is extremely difficult for smaller health and development programs to exist in isolation from others. However, little is understood about networks in community health and what helps them form, sustain and grow. Given the ubiquity of networks in health we need to better understand how to facilitate them and maximise their input.

The following provides a point by point response to the reviewers’ comments, both individual comments and general comments. The article has been significantly reworked over a period of a month however I apologise that tracked changes was not used. To assist the editor I have done a combine document version so the editor can view the changes that have been made.

1) Copy-editing
I have now had the article copy-edited by an experienced copy-editor to improve the style of written English. This has resulted in numerous changes made across the entire article.

2) Title page
We have included a title page, and as requested it provides the title of the article, lists the full names, institutional addresses and email addresses for all authors and indicates the corresponding author.
3) Competing interests

We have included a 'Competing interests' section that demonstrates that we have no competing interests, either financial or non-financial.

4) Authors' contributions

We have included an ‘Authors' contributions’ section before the Acknowledgements and Reference list.

5) Acknowledgements section

We have added an’ Acknowledgements’ section where I have listed all contributors who do not meet the criteria for authorship.

In response to the reviewers’ comments, the following changes have been made:

6) I have added profiles and numbers of persons who participated in the FGDs to the ‘Methods’ section.

7) I have changed 35 abbreviations from FDG to Focus Group Discussion (FGD) as suggested.

8) I have added profiles and numbers of persons who participated in the FGDs to the ‘Methods’ section.

9) The reviewer though the abstract seemed unnecessarily long and so it has been shortened accordingly.

10) I have provided some more clarity on how the FGD participants from each organisation were selected and on the homogeneity of the FGD participants.

11) As suggested, the title has been adjusted to make it clear that this was a case study.

12) I have engaged a copy editor in order to ensure that the writing is acceptable, and typos, inappropriate phrases and spelling mistakes were corrected. Numerous corrections have been made by the copy editor but the content has not been changed.

13) Figure 1 has been changed to table 1.

14) I have provided more detail on the study limitations:

“This analysis is an early indication of the effectiveness, or otherwise, of the cluster model. Follow-up surveys will provide better evidence for the impact of the cluster model on health outcomes. Although the general principles can be applied to other network settings, generalisability will be limited by various contextual factors. This study is also limited in disentangling the effect, and therefore the importance, of any one individual factor promoting networking. The literature suggests that network formation is a multi-stranded process and that factors important in the activation of a network may be quite different to the various factors leading to network mobilising and synthesis [7]. The study results are limited by the presence of social acceptability bias in that members were unlikely to admit to conflict or selfish motivations.
for their involvement in the cluster. For example, the importance of self interest (money, resources etc) was felt to be understated due to social acceptability bias: stating self interest as a reason for being involved would be viewed as unacceptable by cluster members”

15) I have reviewed the additional literature that was suggested and although this is interesting and useful in regards to partnerships between NGOs and the state system it does not relate directly to articles topic of networks (not partnerships) between community health networks (not government providers). This article does not intend to explore partnerships between governments and NGOs.

16) The reviewer is concerned that reported data is limited to quoted comments but this is an accepted method for analysing focus groups. Providing substantive or “thick” description is primary data in this article and this is appropriate qualitative method. Qualitative research tends to be orientated towards contextual uniqueness of the aspect of the social world being studied. This can lead at times to ‘anecdotality’ where a striking activity or statement may have undue significance attached to it, even though it is not representative. To increase generalisability one can use ‘thick description’. This term was coined by Geertz (Geertz 1973) and involves presenting relevant quotes embedded in the surrounding interview text. This thick description decreases the chance of misrepresenting quotes and allows the reader to judge whether the findings are generalisable.

17) A triangulation of sources is an accepted approach methodology and not merely exposed by the author. *Methodological Triangulation*, was a term coined by Denzin to refer to using several methods in different combinations in order to gain the most detailed picture of participants’ experiences (Denzin 1970).

18) Some attempt has been made to discuss the relative importance of the factors described. For example, “the analysis and weight of responses suggests brokerage was one of the most significant factors facilitating the network formation” and the importance, yet limitation, of bridging nodes is also described. Also added was “The brokers actively sought to integrate legitimate, charismatic nodes to help create this favourable environment for cluster mobilisation, framing and synthesis. These nodes were determined to be of relative high importance in drawing in additional programs to the cluster”

19) As the 1st reviewer has outlined the data is from the first phase of the project but we believe warrants publication now. The study will only be completed after 4 years and there is significant and important findings from the initial research that we believe should be shared at this stage.

20) The reviewer has helpfully pointed out that institutional background of the support programme is hinted at - the ‘community health global network’ - but it is not explained. I have now added some background information “The Uttarakhand Cluster is a sub branch of the Community Health Global Network ([www.chgn.org](http://www.chgn.org)) which is a UK based charity which works by facilitating the formation of networks of community health programs, such at the Uttarakhand Cluster, for
coordination, mutual support and the sharing of resources amongst CHGN members in relational, geographically focused groups”

In summary, major compulsory revisions (as suggested by the first reviewer) have been undertaken. We now think that this article is ready for publication as these findings are important to assist other health NGOs explore how to maximise their performance through networks and collaboration.

Yours sincerely,

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Additional references:
