Author’s response to reviews

Title: Engagement of Non-government Organisations (NGOs) and Community Care Workers (CCWs) in collaborative TB/HIV activities including prevention of mother to child transmission (PMTCT) in a rural district of KwaZulu-Natal, South Africa: Opportunities and Challenges

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Author’s response to reviews: see over
Engagement of Non-government Organisations (NGOs) and Community Care Workers (CCWs) in collaborative TB/HIV activities including prevention of mother to child transmission (PMTCT) in a rural district of KwaZulu-Natal, South Africa: Opportunities and Challenges

BMC Health Services Research (Section: Health services research in low and middle income settings)

Editor's comments:

Abstract needs a methods section.

1. Abstract

Response
The abstract has the methods section and the word limit is <350(330).

2. Title page

Please include a title page at the front of your manuscript file. It should contain, at minimum, the names, institutions, countries and email addresses of all authors, and the full postal address of the submitting author.

Response
The changes have been effected.

3. Please remove authors' qualifications in the submission system.

Jeannine Ms Uwimana - Jeannine Uwimana

Response
Instruction followed.

4. Please adhere to RATS guidelines for reporting qualitative aspect of their study

RATS ? Qualitative Studies http://www.biomedcentral.com/info/ifora/rats

Response
The RATS guidelines has been followed based on the context of the study since it's not a standalone (full) qualitative study.
Associate Editor's comments:

Please make the following formatting changes during revision of your manuscript. Ensuring that the manuscript meets the journal's manuscript structure will help to speed the production process if your manuscript is accepted for publication.

Response

The manuscript has been revised to adhere to the Author's instruction/ format of the journal.

1. Tables as figure files

You have uploaded the tables as figure files. Please remove them from the submission system and include the tables within the text file of the manuscript after the references. The tables should be formatted using the Table tool in your word processor. Please also move the table title to above the table and the legend to below the table, within the text.

Response

Tables are included in the main-text of the manuscript as suggested.

2. Copyediting

After reading through your manuscript, we feel that the quality of written English needs to be improved before the manuscript can be considered further.

We advise you to seek the assistance of a fluent English speaking colleague, or to have a professional editing service correct your language. Please ensure that particular attention is paid to the abstract.

Response

The manuscript has been edited by an Editor of a collaborative Institution (NUC).

We would be grateful if you could address the comments in a revised manuscript and provide a cover letter giving a point-by-point response to the concerns.

Response

The revised manuscript has included all the suggested changes where possible by attending to the points of convergences of the two reviewers.
Reviewers' comments:

Reviewer 1:

1. Is the question posed by the authors well defined?

The subject area is important and has assumed increasing important in recent years. Although this paper seems to be based on three sub-components of the overall study on community participation, the study objectives are not clearly defined. The authors note that they report on three components: (1) engagement of NGOs and CCWs in collaborative TB/HIV activities including PMTCT; (2) perceived constraints related to provision of TB/HIV/PMTCT care at the community level; and (3) strategies to enhance CCW contributions to TB/HIV/PMTCT services at the community level. I suggest that it be clarified whether these components were also the objectives of the study, reported on here. It would also be useful to clarify whether the forward slash/ implies one of these (HIV, TB, PMTCT) or all of these in an 'integrated' way. As the term 'integrated' could be interpreted differently, I suggest that if the latter, the authors define their meaning of the term.

Response

The three components of the study were actually the study objectives and it has been clarified in the abstract as well in the main text.

The use of TB/HIV/PMTCT refers to integrated services particularly where the discussion is on collaborative TB/HIV activities including PMTCT. According to WHO nomenclature, the slash is used to states both (TB and HIV services). This also clarified in the text- pg3

2. Are the methods appropriate and well described?

The methods are not well described. In the study setting, does the sentence ‘Facilities providing PHC services, NGOs sub-contracted by the DOH-KZN to implement CCW programmes (through CHWs and HBCs), and households and communities in the facility and NGO catchment areas in Sisonke District’ refer to the study population. I suggest that the authors show how the study objectives (which have not been clarified) link to the methods selected. I do not know what a ‘partially mixed concurrent dominant status’ means, and that might be the case for other journal readers as well. Other examples on the lack of clarity in the methods are given below:

Page 3: “For the quantitative aspect of the investigation, facility records were reviewed and a self-administered questionnaire was given to hospital and operational managers of 42 health facilities”-which was the quantitative aspect?
Page 4: “In addition, one provincial NGO managing CHWs plus 32 NGOs employing HBCs were audited using a self-administered questionnaire.” Does this refer to an addition to the quantitative aspect? The next paragraph deals with the household survey, but there is no information on how the households were selected, response rates, and which research question was addressed by the household survey.

Page 4: “The qualitative investigation comprised 33 key informant interviews (KII) with provincial, district and facility managers as well as NGO managers involved in TB and HIV care.” –is this a different group than the ones audited, or is it coincidental that 33 is the same number as the audited NGOs?

Page 4: the focus group discussions was the total number 8, and how many participants were in each FGD? How were these FGDs selected? Data analysis: Apart from a cursory sentence on how the qualitative interviews were analysed, we do not know how the household survey and the self-administered questionnaire were analysed.

Response

The method section has been revised to all the points raised above and a diagram has been added (Table 1) for clarity method used for each objective (Pg 6-11). This has resulted for the method section to be too long and the entire paper!!!

Ethics: The sentence on ethics approval should come much earlier in the methods. Notwithstanding approval from authorities, given the sensitivities around HIV in a rural setting, we need to know how ethical issues were addressed and how standards were maintained during the study,

Response

The ethics approval has been moved earlier in the method section. Issues around HIV sensitive in rural area has been also discussed in the method section. The information sheet and consent form approved by the Ethics committee at University and the Department of Health had section on anonymity and confidentiality. In addition, the field workers who collected the data at household level and research assistant who conducted the FGDs are experienced in the field of HIV and TB and are local people who are familiar with sensitive issues around HIV in the rural setting.

3. Are the data sound?
Difficult to comment, given lack of clarity around methods highlighted above.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Difficult to comment. It is unclear why structural and managerial issues are clustered together. The qualitative data contain overlapping categories: health worker attitudes could be part of ‘managerial issues’. Some issues relate to health policy and systems issues, and in the conclusion a different nomenclature is used, for example the
conclusion refers to “contextual and health system challenges.” The recommendations made by NGOs, should be placed in context with current policy developments in South Africa, as well as the existing literature that describes experiences in other countries.

**Response**

Clustering structural and managerial issues is based on the ways that the themes were generated and the quotes used to support the argument discussed by the researcher. Most of the quotes refer to more than one issue and they were contextualised to the study setting and in line with some similar studies in the literature.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

In light of earlier comments on the lack of clarity on study objectives and methods used, it is difficult to comment on the discussion. For example, the introductory sentence to the discussion notes that: “all of our instruments reported limited involvement of NGOs and CCWs in TB/HIV/PMTCT care, particularly for TB case finding, HCT, treatment adherence (ART and TB) and PMTCT, despite the large number of TB and HIV patients needing community level care.” I do not know what the gold standard is to measure “TB/HIV/PMTCT care”-again, is it integrated care or all or one of these activities. The authors appear to be selective in the use of studies from other countries e.g. home-based HCT. But nothing is noted on the cost implications of such a strategy, or existing initiatives to increase HCT in South Africa. Moreover, it is unclear how ‘home-based HCT’ will inform ‘comprehensive and integrated care that incorporates the core TB/HIV/PMTCT activities” (page 14). The last paragraph of the conclusion is rhetorical, and goes beyond the findings of the study.

**Response**

The points raised above have been considered in the discussion section pg.19-22. The references that have been included in this paper are relevant to this paper and there limited literature on home based HCT. The ones that are published so far are mainly from the countries mentioned (Zambia, Uganda and Kenya). Locally there are limited studies on home based HCT and cost-effectiveness. Hence we made a statement on pg.21 for a need for further study.

6. Are limitations of the work clearly stated?

No

**Response**

The study limitations have been included(pg22)

7. Do the authors clearly acknowledge any work upon which they are building both published and unpublished?

To some extent, but although reference is made in the introduction to the current PHC re-engineering in SA, the study findings do not really interrogate this aspect.
Response
Although this paper refers to PHC re-engineering because of the notion around community participation and the current political agenda in the country regarding engagement of CCWs in the PHC system. But it’s not the main focus of the paper since we are reporting on collaborative TB/HIV activities.

8. Do the title and abstract accurately convey what has been found?
The title is very long, and I suggest that it be shortened, and that the authors decide what the key focus of this paper is, given the large volumes of data which they seem to have.

Response
The paper has been shortened from 360 words to 330 words.

9. Is the writing acceptable?
There are numerous typographical errors, and the authors should do a thorough language edit of the next version of the manuscript. The introduction vacillates between a global/regional focus and a South African focus. I suggest that the introduction be organised succinctly as follows:
• Global/ regional developments on the subject
• South African national developments
• The focus of the paper (which is one district).
There are some things that are very specific to South Africa and relevant locally there is no reason to exclude these aspects, but only if the authors are able to give enough background and context to make the South African part understood to an international audience and then to extrapolate what is relevant from that to an international audience (the audience of BMC Health Services Research).

Response
The paper has been edited and the background section includes key information related to the topic (where available): collaborative TB/HIV activities including PMTCT as well as community engagement. It is important to note although there is quite a number of studies that report on community engagement in TB and HIV activities, there are limited studies globally and locally that assessed community engagement through NGOs and CCWs in collaborative TB/HIV activities including PMTCT.
Reviewer 2:

Specific comments

Introduction:
Overall the introduction provides a clear and convincing rationale for the study, with the objectives articulated coherently.

The statement on p.2, last 2 sentences of the first paragraph seems to belong in the methods section, since it addresses an issue related to recruitment and sampling and not the theoretical rationale or underpinning of the study.

Response

The changes have been effected as suggested above.

There is a need for clarification related to the study objective in the final paragraph of the introduction: “assessed the level of NGOs and CCW engagement in collaborative TB/HIV/PMTCT activities” - this statement (which is repeated in other sections of the paper) implies that there needs to be collaboration between NGOs and CCW in order to facilitate comprehensive service delivery of TB/HIV/PMTCT activities. I am confused, are CCW not employed by NGOs? The response to this question may affect the title of the paper.

Response

The Study objectives have been stated clearly in the background section. The clarification between NGO and the term CCW (refer to HBC and CHWs in this study-paper) has been made in the background section and methods section.

Indeed the CCWs were employed by NGOs, however in terms of measuring the level of community engagement, NGO and CCWs we considered as two different entities since they have two different functions. For example: training issues are handled by NGOs, while service delivery is primarily the role of CCWs but somewhat influenced by the NGO status/management style.
**Setting:**
This is an essential section that provides important contextual information. However, the authors need to edit the awkwardly phrased paragraph to improve clarity (the sentence is currently very confusing to understand and seems to contain a number of errors). I would suggest the authors consider incorporating the socio-demographic information on the Sisonke district into this section, instead of presenting the information as a footnote at the end of the paper, as it currently stands. The change would highlight relevant information on the setting.

**Response**

The socio-demographics information has been incorporated in the setting section (method section-pg6). The whole paper has been edited as mentioned in the reviewer’s 1 response.

**Methods:**
I congratulate the authors on identifying the study design employed in their mixed methods inquiry. Given that mixed methods is still an emerging methodology in health research, the onus is on the authors to provide more details of their study design. At the very least there is a need for the authors to be more transparent about the specifics of the study, explaining which objectives were explored through which components of the mixed methods (specific to their particular design). The section begins with a statement implying that objectives were the drivers for the study design, but the reader is left in the dark, without a tangible example of how this was achieved.

Additionally, there does need to be a stronger justification of why mixed methods was the chosen methodology (or more precisely why quantitative methodology was needed in the study), since qualitative methodology alone would have produced similar data. The methods in general require some elaboration on some of the process, in their current form they are not reproducible.

An option for the authors would be to present a diagram of the design, which would clarify the methods and clearly delineate the different data collected visa each method. Furthermore, authors need to present additional information on the sampling procedures (Quant) or how participants were recruited (households, interviews or FGD).

There needs to be a little more background information on the questionnaire used for the quant part of the study- is this a validated or previously used questionnaire? There were many participants reached in the study, we have limited information on the research team and timeline. How many research assistants were used? How long did individual interviews and FGDs take and were they recorded interviews? How long did
the study take? It is also important to indicate that interviewing health care staff in English does not present a barrier.

It is not identified within the methods section, who conducted the study analyses. Was there any validation of analyses conducted?

Response

The method section has been revised to give more clarification on how the study design-mixed method is explain and a table (table 1) has been provided with details on method used for each objective, recruitment, sample size, etc.

Concerns related to research instruments, data collection process and analysis are attended in the method section as discussed above (reviewer 1 responses). See pg:6-11

Results:

A serious concern is the need of clarification of which community-based workers are being discussed: CHW and CCW terminology is used interchangeably throughout the paper and yet I believe from the description of roles in the beginning of the 4 paper, there are distinctions in the workers’ expertise and roles. This issue is further confused by a statement in the introduction section: “These 26 NGOs had a total of 414 HBCs. Another large independent NGO managed 402 CHWs, which provided us access to a total of 816 CCWs”. It is unclear how you would have 816 CCWs if this number is comprised of HBCs and CHWs, who I understood are different from CCW. This needs to be clarified so that it is crystal clear to the reader which cadre is the focus of the paper.

Response

The CCW is an umbrella term for all categories of lay health workers, however for this study it is used to refer to CHWs and HBCs. These are the ones that have been considered in the study as discussed in background and methods sections.

As a follow up to my previous statement, it is difficult to understand the justification for mixed methods. How does the incorporation of quantitative methodology contribute to the study findings? I acknowledge that presenting the frequencies of the data in tables 1 and 2 is quantitative information, is this the extent of the ‘quant part’ of the mixed methods? Again the authors need to strengthen their rationale for employing mixed methods to address their research question and objectives.

Response

The rationale for the use of quantitative method is provided in method section and the objective 1 couldn’t be addressed without using the quantitative method- example household survey.