Reviewer’s report

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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Reviewer: Laetitia Rispel

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BMC HEALTH SERVICES RESEARCH MANUSCRIPT REVIEW

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Authors: Jeannine Ms Uwimana, Christina Prof Zarowsky, Harry Prof Hausler and Debra Prof Jackson

Reviewer: Professor Laetitia Rispel, MSc (Med), PhD

REVIEWER’S REPORT

Thank you for the opportunity to review the manuscript entitled: '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'

As a reviewer, I was required to determine the following:

1. Whether the question posed by the authors is well defined?
2. Whether the methods are appropriate and well described?
3. Soundness of the data?
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
5. Are the discussion and conclusions well balanced and adequately supported by the data?
6. Are limitations of the work clearly stated?
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
8. Do the title and abstract accurately convey what has been found?
9. Is the writing acceptable?
I have read the manuscript and have framed my comments in terms of these assessment criteria:

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.

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’s) 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.

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,

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.

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.

6. Are limitations of the work clearly stated?
No
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.

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.

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).

Final recommendations
Major Compulsory Revisions as noted above
Accept after major revisions

Level of interest
An article whose findings are important to those with closely related research interests

Quality of written English
Article needs language corrections before being published

Level of interest: An article whose findings are important to those with closely related research interests

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

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